

MARIN COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - AGED				AID CODE 10		----- MONTHLY AVERAGE -----		
8,904 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	6,214	185,596	\$ 3,088,435.35	\$ 16.64	20.844	\$ 497.01	\$ 346.86		
@PHYSICIANS SERVICES	1,129	3,155	\$ 54,423.43	\$ 17.25	.354	\$ 48.20	\$ 6.11		
OUTPATIENT VISITS	88	111	4,167.31	37.54	.012	47.36	.47		
OFFICE VISITS	71	83	2,818.12	33.95	.009	39.69	.32		
HOME VISITS	1	1	34.30	34.30	.000	34.30	.00		
EMERGENCY ROOM	15	16	1,012.17	63.26	.002	67.48	.11		
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00		
OTHER OUTPATIENT	10	11	302.72	27.52	.001	30.27	.03		
INPATIENT VISITS	7	15	608.06	40.54	.002	86.87	.07		
HOSPITAL VISITS	4	9	388.16	43.13	.001	97.04	.04		
CRITICAL CARE	0	0	.00	.00	.000	.00	.00		
SNF/ICF/TRANS IP CARE	3	6	219.90	36.65	.001	73.30	.02		
OPHTHALMOLOGICAL SERVICES	5	6	278.67	46.45	.001	55.73	.03		
EXAMINATIONS	5	6	278.67	46.45	.001	55.73	.03		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	4	13	2,697.31	207.49	.001	674.33	.30		
PRINCIPAL SURGEON	2	2	2,403.94	1201.97	.000	1201.97	.27		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	2	11	293.37	26.67	.001	146.69	.03		
OUTPATIENT SURGERY	12	15	3,327.26	221.82	.002	277.27	.37		
PRINCIPAL SURGEON	10	10	3,088.07	308.81	.001	308.81	.35		
ASSISTANT SURGEON	1	1	107.22	107.22	.000	107.22	.01		
ANESTHESIOLOGIST	1	4	131.97	32.99	.000	131.97	.01		
DIALYSIS	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	4	20	220.98	11.05	.002	55.25	.02		
RADIOLOGY	24	32	843.61	26.36	.004	35.15	.09		
PSYCHIATRY	0	0	.00	.00	.000	.00	.00		
IMMUNIZATION AND INJECTION	1	2	13.10	6.55	.000	13.10	.00		
OTHER SERVICES/ALL X-OVERS	1,034	2,941	42,267.13	14.37	.330	40.88	4.75		
@PHARMACY	5,109	39,340	\$ 1,214,840.78	\$ 30.88	4.418	\$ 237.78	\$ 136.44		
PRESCRIPTION DRUGS	5,029	17,031	1,171,098.45	68.76	1.913	232.87	131.52		
SNF/ICF	203	1,110	66,685.73	60.08	.125	328.50	7.49		
OUTPATIENTS	4,842	15,921	1,104,412.72	69.37	1.788	228.09	124.04		
MEDICAL SUPPLIES	435	22,309	43,742.33	1.96	2.506	100.56	4.91		
@DENTIST	544	1,725	\$ 85,597.25	\$ 49.62	.194	\$ 157.35	\$ 9.61		
VISITS - DIAGNOSTIC	350	1,064	16,170.25	15.20	.119	46.20	1.82		
ORAL SURGERY	57	89	3,623.50	40.71	.010	63.57	.41		
DRUGS	0	0	.00	.00	.000	.00	.00		
ANESTHESIA	0	0	.00	.00	.000	.00	.00		
PERIODONTICS	22	22	3,470.00	157.73	.002	157.73	.39		
ENDODONTICS	35	41	8,929.00	217.78	.005	255.11	1.00		
RESTORATIVE DENTISTRY	147	285	29,835.00	104.68	.032	202.96	3.35		
PROSTHETICS	2	2	60.00	30.00	.000	30.00	.01		
DENTURES, STAYPLATES	96	221	23,430.00	106.02	.025	244.06	2.63		
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00		
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00		
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00		
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00		
ALL OTHER SERVICES	2	1	79.50	79.50	.000	39.75	.01		

MARIN COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - AGED				AID CODE 10		----- MONTHLY AVERAGE -----		
8,904 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	43	111	\$ 2,523.51	\$ 22.73	.012	\$ 58.69	\$.28		
DIAGNOSTIC AND ANC. PROCED	16	18	742.60	41.26	.002	46.41	.08		
EYE APPLIANCES	28	88	1,515.45	17.22	.010	54.12	.17		
OTHER OPTOMETRIC SERVICES	7	5	265.46	53.09	.001	37.92	.03		
@CHIROPRACTOR	1	3	\$ 7.44	\$ 2.48	.000	\$ 7.44	\$.00		
VISITS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	1	3	7.44	2.48	.000	7.44	.00		
@PODIATRIST	83	128	\$ 1,180.51	\$ 9.22	.014	\$ 14.22	\$.13		
MEDICINE/INJECTIONS	6	9	231.40	25.71	.001	38.57	.03		
SURGERY/ANES.	1	1	7.00	7.00	.000	7.00	.00		
RADIO./PATHOLOGY	1	2	34.60	17.30	.000	34.60	.00		
OTHER	77	116	907.51	7.82	.013	11.79	.10		
@HOME HEALTH AGENCY	4	10	\$ 621.24	\$ 62.12	.001	\$ 155.31	\$.07		
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00		
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00		
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
FAMILY NURSE PRACTITIONER	6	16	\$ 122.92	\$ 7.68	.002	\$ 20.49	\$.01		
@TOTAL HOSPITAL	807	3,633	\$ 302,004.81	\$ 83.13	.408	\$ 374.23	\$ 33.92		
HOSP INPATIENT TOTAL	84	512	217,248.03	424.31	.058	2586.29	24.40		
HSC HOSPITALS	39	144	159,595.20	1108.30	.016	4092.18	17.92		
NON-HSC HOSPITAL TOTAL	6	16	18,998.38	1187.40	.002	3166.40	2.13		
ACCOMMODATIONS	6	16	6,488.21	405.51	.002	1081.37	.73		
ADMINISTRATIVE DAYS	3	11	1,979.97	180.00	.001	659.99	.22		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	3	5	4,508.24	901.65	.001	1502.75	.51		
ANCILLARIES	6	0	12,510.17	.00	.000	2085.03	1.41		
INPATIENT CROSSOVERS	42	352	38,654.45	109.81	.040	920.34	4.34		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
HOSP OUTPATIENT TOTAL	744	3,121	84,756.78	27.16	.351	113.92	9.52		
MEDICAL	47	78	3,675.06	47.12	.009	78.19	.41		
SURGERY	7	11	685.09	62.28	.001	97.87	.08		
PATHOLOGY	28	128	1,465.52	11.45	.014	52.34	.16		
RADIOLOGY	25	31	2,064.37	66.59	.003	82.57	.23		
ROOM USE	47	81	3,500.83	43.22	.009	74.49	.39		
CROSSOVERS/ALL OTH OUTPTNT	670	2,792	73,365.91	26.28	.314	109.50	8.24		
@COUNTY HOSPITAL TOTAL	4	13	\$ 2,448.05	\$ 188.31	.001	\$ 612.01	\$.27		
CO HOSPITAL INPATIENT TOTAL	1	5	2,220.99	444.20	.001	2220.99	.25		
HSC HOSPITALS	1	5	2,220.99	444.20	.001	2220.99	.25		
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00		
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00		
ANCILLARIES	0	0	.00	.00	.000	.00	.00		
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
CO HOSP OUTPATIENT TOTAL	3	8	227.06	28.38	.001	75.69	.03		
MEDICAL	2	2	85.73	42.87	.000	42.87	.01		
SURGERY	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	1	2	22.34	11.17	.000	22.34	.00		

RADIOLOGY	2	2	49.91	24.96	.000	24.96	.01
ROOM USE	2	2	69.08	34.54	.000	34.54	.01
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002					PAGE 6,083	
MOP024	FEE-FOR-SERVICE/DENTAL					01/17/03	
MARIN COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - AGED					AID CODE 10	
----- MONTHLY AVERAGE -----							
8,904 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	803	3,620	\$ 299,556.76	\$ 82.75	.407	\$ 373.05	\$ 33.64
COMM HOSP INPATIENT TOTAL	83	507	215,027.04	424.12	.057	2590.69	24.15
HSC HOSPITALS	38	139	157,374.21	1132.19	.016	4141.43	17.67
NON-HSC HOSPITALS TOTAL	6	16	18,998.38	1187.40	.002	3166.40	2.13
ACCOMMODATIONS	6	16	6,488.21	405.51	.002	1081.37	.73
ADMINISTRATIVE DAYS	3	11	1,979.97	180.00	.001	659.99	.22
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	5	4,508.24	901.65	.001	1502.75	.51
ANCILLARIES	6	0	12,510.17	.00	.000	2085.03	1.41
INPATIENT CROSSOVERS	42	352	38,654.45	109.81	.040	920.34	4.34
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	741	3,113	84,529.72	27.15	.350	114.08	9.49
MEDICAL	45	76	3,589.33	47.23	.009	79.76	.40
SURGERY	7	11	685.09	62.28	.001	97.87	.08
PATHOLOGY	27	126	1,443.18	11.45	.014	53.45	.16
RADIOLOGY	23	29	2,014.46	69.46	.003	87.59	.23
ROOM USE	45	79	3,431.75	43.44	.009	76.26	.39
CROSSOVERS/ALL OTH OUTPTNT	670	2,792	73,365.91	26.28	.314	109.50	8.24
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	215	5,909	\$ 858,416.67	\$ 145.27	.664	\$ 3992.64	\$ 96.41
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	4	106	58,633.90	553.15	.012	14658.48	6.59
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	211	5,803	799,782.77	137.82	.652	3790.44	89.82
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	24	24	\$ 13,437.51	\$ 559.90	.003	\$ 559.90	\$ 1.51
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	24	24	13,437.51	559.90	.003	559.90	1.51
@REHABILITATION FACILITY	1	2	\$ 128.95	\$ 64.48	.000	\$ 128.95	\$.01
HOSPITAL BASED	1	2	128.95	64.48	.000	128.95	.01
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	38	126	\$ 1,437.46	\$ 11.41	.014	\$ 37.83	\$.16
PATHOLOGY	31	118	1,276.56	10.82	.013	41.18	.14
XO AND OTHERS	7	8	160.90	20.11	.001	22.99	.02
@ORGANIZED OUTPATIENT CLINIC	504	778	\$ 32,186.81	\$ 41.37	.087	\$ 63.86	\$ 3.61
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	9	12	2,037.45	169.79	.001	226.38	.23
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	496	766	30,149.36	39.36	.086	60.79	3.39
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002					PAGE 6,084	

8,904 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,291	130,636	\$ 521,506.06	\$ 3.99	14.672	\$ 403.96	\$ 58.57
DURABLE MED. EQUIP.	33	48	3,971.02	82.73	.005	120.33	.45
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	68	95	13,557.34	142.71	.011	199.37	1.52
MEDICAL TRANSPORTATION	121	1,110	9,876.90	8.90	.125	81.63	1.11
AMBULANCES/AIR TRANS	10	68	1,414.57	20.80	.008	141.46	.16
OTHER TRANS	11	140	456.72	3.26	.016	41.52	.05
OTHER SERVICES	102	902	8,005.61	8.88	.101	78.49	.90
ACUPUNCTURE	41	142	2,541.09	17.90	.016	61.98	.29
ADULT DAY HEALTH CARE CTR	208	2,581	172,323.89	66.77	.290	828.48	19.35
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	511	2,455	183,765.08	74.85	.276	359.62	20.64
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	182	540	7,355.46	13.62	.061	40.41	.83
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	4	9	133.89	14.88	.001	33.47	.02
PROSTHETIST/ORTHOTISTS	20	44	1,913.48	43.49	.005	95.67	.21
PROSTHETICS	14	32	1,141.74	35.68	.004	81.55	.13
ORTHOTICS	7	12	771.74	64.31	.001	110.25	.09
PSYCHOLOGIST	4	6	104.69	17.45	.001	26.17	.01
SPEECH AND AUDIOLOGY	9	23	915.01	39.78	.003	101.67	.10
HOSPICE SERVICES	23	796	97,232.86	122.15	.089	4227.52	10.92
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	348	122,787	27,815.35	.23	13.790	79.93	3.12
@CALIF. CHILDREN SERVICES*	0	2CR	\$ 45.58CR	\$ 22.79	.000	\$.00	\$.01CR
@XOVER EXCLUDING STATE HOSP**	1,861	23,317	\$ 242,676.14	\$ 10.41	2.619	\$ 130.40	\$ 27.25

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MARIN COUNTY

SUMMARY OF SERVICES FOR CASH GRANT - BLIND

AID CODE 20

928 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	608	41,844	\$ 715,103.16	\$ 17.09	45.091	\$ 1176.16	\$ 770.59
@PHYSICIANS SERVICES	143	662	\$ 22,645.19	\$ 34.21	.713	\$ 158.36	\$ 24.40
OUTPATIENT VISITS	44	59	2,230.17	37.80	.064	50.69	2.40
OFFICE VISITS	24	30	897.22	29.91	.032	37.38	.97
HOME VISITS	5	6	186.70	31.12	.006	37.34	.20
EMERGENCY ROOM	18	20	1,080.58	54.03	.022	60.03	1.16
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	65.67	21.89	.003	21.89	.07
INPATIENT VISITS	18	153	7,242.07	47.33	.165	402.34	7.80
HOSPITAL VISITS	14	127	5,354.57	42.16	.137	382.47	5.77
CRITICAL CARE	4	13	1,392.70	107.13	.014	348.18	1.50

SNF/ICF/TRANS IP CARE	7	13		494.80	38.06	.014	70.69	.53
OPHTHALMOLOGICAL SERVICES	8	10		416.14	41.61	.011	52.02	.45
EXAMINATIONS	8	10		416.14	41.61	.011	52.02	.45
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	25		1,832.39	73.30	.027	305.40	1.97
PRINCIPAL SURGEON	5	10		1,432.74	143.27	.011	286.55	1.54
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	15		399.65	26.64	.016	399.65	.43
OUTPATIENT SURGERY	3	7		597.88	85.41	.008	199.29	.64
PRINCIPAL SURGEON	2	4		492.52	123.13	.004	246.26	.53
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3		105.36	35.12	.003	105.36	.11
DIALYSIS	8	70		4,269.72	61.00	.075	533.72	4.60
PATHOLOGY	5	41		370.23	9.03	.044	74.05	.40
RADIOLOGY	18	66		1,593.14	24.14	.071	88.51	1.72
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		130.00	130.00	.001	130.00	.14
OTHER SERVICES/ALL X-OVERS	90	230		3,963.45	17.23	.248	44.04	4.27
@PHARMACY	515	11,862	\$	190,365.92	\$ 16.05	12.782	\$ 369.64	\$ 205.14
PRESCRIPTION DRUGS	486	2,045		172,637.83	84.42	2.204	355.22	186.03
SNF/ICF	30	248		20,066.09	80.91	.267	668.87	21.62
OUTPATIENTS	459	1,797		152,571.74	84.90	1.936	332.40	164.41
MEDICAL SUPPLIES	105	9,817		17,728.09	1.81	10.579	168.84	19.10
@DENTIST	57	167	\$	7,185.50	\$ 43.03	.180	\$ 126.06	\$ 7.74
VISITS - DIAGNOSTIC	40	110		2,058.50	18.71	.119	51.46	2.22
ORAL SURGERY	6	9		308.00	34.22	.010	51.33	.33
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	3	4		800.00	200.00	.004	266.67	.86
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	18	43		3,879.00	90.21	.046	215.50	4.18
PROSTHETICS	0	0		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	1	1	140.00	140.00	.001	140.00	.15
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

928 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	14	32	\$ 1,986.32	\$ 62.07	.034	\$ 141.88	\$ 2.14
DIAGNOSTIC AND ANC. PROCED	6	6	365.23	60.87	.006	60.87	.39
EYE APPLIANCES	8	20	1,406.88	70.34	.022	175.86	1.52
OTHER OPTOMETRIC SERVICES	5	6	214.21	35.70	.006	42.84	.23
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	8	8	\$ 76.07	\$ 9.51	.009	\$ 9.51	\$.08
MEDICINE/INJECTIONS	2	2	61.20	30.60	.002	30.60	.07
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	6	6	14.87	2.48	.006	2.48	.02
@HOME HEALTH AGENCY	11	1,704	\$ 50,388.32	\$ 29.57	1.836	\$ 4580.76	\$ 54.30
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	106	607	\$ 138,926.58	\$ 228.87	.654	\$ 1310.63	\$ 149.71
HOSP INPATIENT TOTAL	19	175	130,607.53	746.33	.189	6874.08	140.74
HSC HOSPITALS	8	91	102,723.00	1128.82	.098	12840.38	110.69
NON-HSC HOSPITAL TOTAL	4	8	17,853.72	2231.72	.009	4463.43	19.24
ACCOMMODATIONS	4	8	7,764.35	970.54	.009	1941.09	8.37
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	8	7,764.35	970.54	.009	1941.09	8.37
ANCILLARIES	4	0	10,089.37	.00	.000	2522.34	10.87
INPATIENT CROSSOVERS	7	76	10,030.81	131.98	.082	1432.97	10.81
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	91	432	8,319.05	19.26	.466	91.42	8.96
MEDICAL	20	36	1,143.50	31.76	.039	57.18	1.23
SURGERY	3	3	133.16	44.39	.003	44.39	.14
PATHOLOGY	18	134	1,492.17	11.14	.144	82.90	1.61
RADIOLOGY	13	18	1,650.03	91.67	.019	126.93	1.78
ROOM USE	22	35	1,513.28	43.24	.038	68.79	1.63
CROSSOVERS/ALL OTH OUTPTNT	69	206	2,386.91	11.59	.222	34.59	2.57
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,087
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

928 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	106	607	\$ 138,926.58	\$ 228.87	.654	\$ 1310.63	\$ 149.71	
COMM HOSP INPATIENT TOTAL	19	175	130,607.53	746.33	.189	6874.08	140.74	
HSC HOSPITALS	8	91	102,723.00	1128.82	.098	12840.38	110.69	
NON-HSC HOSPITALS TOTAL	4	8	17,853.72	2231.72	.009	4463.43	19.24	
ACCOMMODATIONS	4	8	7,764.35	970.54	.009	1941.09	8.37	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	4	8	7,764.35	970.54	.009	1941.09	8.37	
ANCILLARIES	4	0	10,089.37	.00	.000	2522.34	10.87	
INPATIENT CROSSOVERS	7	76	10,030.81	131.98	.082	1432.97	10.81	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	91	432	8,319.05	19.26	.466	91.42	8.96	
MEDICAL	20	36	1,143.50	31.76	.039	57.18	1.23	
SURGERY	3	3	133.16	44.39	.003	44.39	.14	
PATHOLOGY	18	134	1,492.17	11.14	.144	82.90	1.61	
RADIOLOGY	13	18	1,650.03	91.67	.019	126.93	1.78	
ROOM USE	22	35	1,513.28	43.24	.038	68.79	1.63	
CROSSOVERS/ALL OTH OUTPTNT	69	206	2,386.91	11.59	.222	34.59	2.57	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	22	746	\$ 99,581.42	\$ 133.49	.804	\$ 4526.43	\$ 107.31	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	22	746	99,581.42	133.49	.804	4526.43	107.31	
@INTERMEDIATE CARE FACIL.-DD	12	385	\$ 57,430.45	\$ 149.17	.415	\$ 4785.87	\$ 61.89	
ICF DDH	12	385	57,430.45	149.17	.415	4785.87	61.89	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	15	665	\$ 16,045.33	\$ 24.13	.717	\$ 1069.69	\$ 17.29	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	15	665	16,045.33	24.13	.717	1069.69	17.29	
@REHABILITATION FACILITY	3	4	\$ 84.76	\$ 21.19	.004	\$ 28.25	\$.09	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	3	4	84.76	21.19	.004	28.25	.09	
@LABORATORY FACILITY	28	282	\$ 4,037.28	\$ 14.32	.304	\$ 144.19	\$ 4.35	
PATHOLOGY	28	282	4,037.28	14.32	.304	144.19	4.35	
XO AND OTHERS	0	0	.00	.00	.000	.00	.00	

ORGANIZED OUTPATIENT CLINIC	40	71	\$	2,586.97	\$	36.44	.077	\$	64.67	\$	2.79
CLINIC	15	33		827.65		25.08	.036		55.18		.89
SURGICENTER	1	1		183.35		183.35	.001		183.35		.20
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	24	37		1,575.97		42.59	.040		65.67		1.70

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,088
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

928 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	182	24,649	\$ 123,763.05	\$ 5.02	26.561	\$ 680.02	\$ 133.37
DURABLE MED. EQUIP.	6	25	6,731.54	269.26	.027	1121.92	7.25
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	9	1,062.57	118.06	.010	212.51	1.15
MEDICAL TRANSPORTATION	30	3,044	11,327.83	3.72	3.280	377.59	12.21
AMBULANCES/AIR TRANS	10	108	2,068.50	19.15	.116	206.85	2.23
OTHER TRANS	14	2,882	8,803.59	3.05	3.106	628.83	9.49
OTHER SERVICES	8	54	455.74	8.44	.058	56.97	.49
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	10	82	5,481.34	66.85	.088	548.13	5.91
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	63	1,900	67,165.25	35.35	2.047	1066.12	72.38
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	10	43	674.77	15.69	.046	67.48	.73
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	52.54	26.27	.002	52.54	.06
PROSTHETICS	1	2	52.54	26.27	.002	52.54	.06
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	27	98	3,654.42	37.29	.106	135.35	3.94
HOSPICE SERVICES	2	26	2,723.76	104.76	.028	1361.88	2.94
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	20	1,853	18,362.28	9.91	1.997	918.11	19.79
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	48	17,567	6,526.75	.37	18.930	135.97	7.03
@CALIF. CHILDREN SERVICES*	15	117	\$ 18,938.70	\$ 161.87	.126	\$ 1262.58	\$ 20.41
@XOVER EXCLUDING STATE HOSP**	163	1,075	\$ 22,765.09	\$ 21.18	1.158	\$ 139.66	\$ 24.53

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,089
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED	AID CODE 60

31,571 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	23,342	825,039	\$ 21,326,675.33	\$ 25.85	26.133	\$ 913.66	\$ 675.51
@PHYSICIANS SERVICES	6,170	18,424	\$ 720,495.81	\$ 39.11	.584	\$ 116.77	\$ 22.82
OUTPATIENT VISITS	3,174	4,568	180,204.82	39.45	.145	56.78	5.71
OFFICE VISITS	2,038	2,844	92,991.46	32.70	.090	45.63	2.95
HOME VISITS	89	102	3,892.85	38.17	.003	43.74	.12
EMERGENCY ROOM	1,169	1,453	77,571.62	53.39	.046	66.36	2.46

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	1	1	60.48	60.48	.000	60.48	.00
OTHER OUTPATIENT	146	168	5,688.41	33.86	.005	38.96	.18
INPATIENT VISITS	657	2,389	117,774.47	49.30	.076	179.26	3.73
HOSPITAL VISITS	456	1,919	87,263.11	45.47	.061	191.37	2.76
CRITICAL CARE	44	175	20,544.80	117.40	.006	466.93	.65
SNF/ICF/TRANS IP CARE	218	295	9,966.56	33.78	.009	45.72	.32
OPHTHALMOLOGICAL SERVICES	156	185	8,014.23	43.32	.006	51.37	.25
EXAMINATIONS	156	185	8,014.23	43.32	.006	51.37	.25
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	181	1,151	83,846.34	72.85	.036	463.24	2.66
PRINCIPAL SURGEON	126	209	60,912.56	291.45	.007	483.43	1.93
ASSISTANT SURGEON	7	7	783.26	111.89	.000	111.89	.02
ANESTHESIOLOGIST	66	935	22,150.52	23.69	.030	335.61	.70
OUTPATIENT SURGERY	443	1,182	72,411.41	61.26	.037	163.46	2.29
PRINCIPAL SURGEON	362	451	57,183.12	126.79	.014	157.96	1.81
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	95	731	15,228.29	20.83	.023	160.30	.48
DIALYSIS	14	92	4,942.20	53.72	.003	353.01	.16
PATHOLOGY	376	968	10,741.65	11.10	.031	28.57	.34
RADIOLOGY	1,229	2,212	91,555.64	41.39	.070	74.50	2.90
PSYCHIATRY	14	27	756.60	28.02	.001	54.04	.02
IMMUNIZATION AND INJECTION	105	278	37,994.82	136.67	.009	361.86	1.20
OTHER SERVICES/ALL X-OVERS	2,317	5,372	112,253.63	20.90	.170	48.45	3.56
@PHARMACY	19,322	140,370	\$ 12,183,464.56	\$ 86.80	4.446	\$ 630.55	\$ 385.91
PRESCRIPTION DRUGS	19,056	80,638	9,131,233.55	113.24	2.554	479.18	289.23
SNF/ICF	833	5,447	552,114.87	101.36	.173	662.80	17.49
OUTPATIENTS	18,350	75,191	8,579,118.68	114.10	2.382	467.53	271.74
MEDICAL SUPPLIES	1,376	59,732	3,052,231.01	51.10	1.892	2218.19	96.68
@DENTIST	2,505	8,539	\$ 381,227.24	\$ 44.65	.270	\$ 152.19	\$ 12.08
VISITS - DIAGNOSTIC	1,794	5,399	94,628.68	17.53	.171	52.75	3.00
ORAL SURGERY	247	565	27,592.54	48.84	.018	111.71	.87
DRUGS	11	15	93.75	6.25	.000	8.52	.00
ANESTHESIA	5	5	500.00	100.00	.000	100.00	.02
PERIODONTICS	153	235	39,181.25	166.73	.007	256.09	1.24
ENDODONTICS	101	125	24,388.50	195.11	.004	241.47	.77
RESTORATIVE DENTISTRY	780	1,734	144,404.50	83.28	.055	185.13	4.57
PROSTHETICS	42	53	2,440.00	46.04	.002	58.10	.08
DENTURES, STAYPLATES	155	362	46,538.02	128.56	.011	300.25	1.47
SPACE MAINTAINERS	1	1	200.00	200.00	.000	200.00	.01
MAXILLOFACIAL SERVICES	2	2	50.00	25.00	.000	25.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	7	8	1,135.00	141.88	.000	162.14	.04
ALL OTHER SERVICES	20	35	75.00	2.14	.001	3.75	.00

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CASH GRANT - DISABLED

AID CODE 60

PAGE 6,090 01/17/03

31,571 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	288	723	\$ 19,383.47	\$ 26.81	.023	\$ 67.30	\$.61
DIAGNOSTIC AND ANC. PROCED	198	203	9,362.97	46.12	.006	47.29	.30
EYE APPLIANCES	150	496	8,523.91	17.19	.016	56.83	.27
OTHER OPTOMETRIC SERVICES	20	24	1,496.59	62.36	.001	74.83	.05
@CHIROPRACTOR	14	24	\$ 387.90	\$ 16.16	.001	\$ 27.71	\$.01
VISITS	13	23	384.56	16.72	.001	29.58	.01

OTHER SERVICES	1	1		3.34		3.34	.000	3.34		.00
@PODIATRIST	323	449	\$	11,666.78	\$	25.98	.014	\$ 36.12	\$	.37
MEDICINE/INJECTIONS	210	243		6,125.65		25.21	.008	29.17		.19
SURGERY/ANES.	24	27		1,080.99		40.04	.001	45.04		.03
RADIO./PATHOLOGY	3	5		86.50		17.30	.000	28.83		.00
OTHER	121	174		4,373.64		25.14	.006	36.15		.14
@HOME HEALTH AGENCY	123	3,326	\$	93,258.45	\$	28.04	.105	\$ 758.20	\$	2.95
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
NURSE MIDWIFE	2	15	\$	126.15	\$	8.41	.000	\$ 63.08	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
FAMILY NURSE PRACTITIONER	7	24	\$	207.07	\$	8.63	.001	\$ 29.58	\$	.01
@TOTAL HOSPITAL	4,027	22,775	\$	3,199,220.89	\$	140.47	.721	\$ 794.44	\$	101.33
HOSP INPATIENT TOTAL	404	3,098		2,583,321.84		833.87	.098	6394.36		81.83
HSC HOSPITALS	244	1,541		2,105,682.63		1366.44	.049	8629.85		66.70
NON-HSC HOSPITAL TOTAL	50	234		324,398.37		1386.32	.007	6487.97		10.28
ACCOMMODATIONS	49	234		106,161.23		453.68	.007	2166.56		3.36
ADMINISTRATIVE DAYS	26	138		29,682.67		215.09	.004	1141.64		.94
TRANSITIONAL IP CARE	0	0		100.28		.00	.000	.00		.00
ALL OTHER ACCOM	24	96		76,378.28		795.61	.003	3182.43		2.42
ANCILLARIES	50	0		218,237.14		.00	.000	4364.74		6.91
INPATIENT CROSSOVERS	131	1,323		153,240.84		115.83	.042	1169.78		4.85
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	3,772	19,677		615,899.05		31.30	.623	163.28		19.51
MEDICAL	1,235	2,175		77,405.84		35.59	.069	62.68		2.45
SURGERY	276	344		29,505.21		85.77	.011	106.90		.93
PATHOLOGY	1,061	5,866		68,353.80		11.65	.186	64.42		2.17
RADIOLOGY	842	1,224		106,717.93		87.19	.039	126.74		3.38
ROOM USE	1,391	2,096		97,615.89		46.57	.066	70.18		3.09
CROSSOVERS/ALL OTH OUTPTNT	2,002	7,972		236,300.38		29.64	.253	118.03		7.48
@COUNTY HOSPITAL TOTAL	74	358	\$	41,088.80	\$	114.77	.011	\$ 555.25	\$	1.30
CO HOSPITAL INPATIENT TOTAL	6	102		32,652.82		320.13	.003	5442.14		1.03
HSC HOSPITALS	3	20		24,270.00		1213.50	.001	8090.00		.77

NON-HSC HOSPITALS TOTAL	1	15	5,966.82	397.79	.000	5966.82	.19
ACCOMMODATIONS	1	15	3,775.38	251.69	.000	3775.38	.12
ADMINISTRATIVE DAYS	1	15	3,725.44	248.36	.000	3725.44	.12
TRANSITIONAL IP CARE	0	0	49.94	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	2,191.44	.00	.000	2191.44	.07
INPATIENT CROSSOVERS	3	67	2,416.00	36.06	.002	805.33	.08
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	69	256	8,435.98	32.95	.008	122.26	.27
MEDICAL	25	31	1,031.26	33.27	.001	41.25	.03
SURGERY	6	8	177.57	22.20	.000	29.60	.01
PATHOLOGY	24	91	1,457.89	16.02	.003	60.75	.05
RADIOLOGY	16	25	2,608.10	104.32	.001	163.01	.08
ROOM USE	47	55	2,406.15	43.75	.002	51.19	.08
CROSSOVERS/ALL OTH OUTPTNT	23	46	755.01	16.41	.001	32.83	.02

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
31,571 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	3,963	22,417	\$ 3,158,132.09	\$ 140.88	.710	\$ 796.90	\$ 100.03
COMM HOSP INPATIENT TOTAL	398	2,996	2,550,669.02	851.36	.095	6408.72	80.79
HSC HOSPITALS	241	1,521	2,081,412.63	1368.45	.048	8636.57	65.93
NON-HSC HOSPITALS TOTAL	49	219	318,431.55	1454.03	.007	6498.60	10.09
ACCOMMODATIONS	48	219	102,385.85	467.52	.007	2133.04	3.24
ADMINISTRATIVE DAYS	25	123	25,957.23	211.03	.004	1038.29	.82
TRANSITIONAL IP CARE	0	0	50.34	.00	.000	.00	.00
ALL OTHER ACCOM	24	96	76,378.28	795.61	.003	3182.43	2.42
ANCILLARIES	49	0	216,045.70	.00	.000	4409.10	6.84
INPATIENT CROSSOVERS	128	1,256	150,824.84	120.08	.040	1178.32	4.78
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,713	19,421	607,463.07	31.28	.615	163.60	19.24
MEDICAL	1,212	2,144	76,374.58	35.62	.068	63.02	2.42
SURGERY	270	336	29,327.64	87.28	.011	108.62	.93
PATHOLOGY	1,037	5,775	66,895.91	11.58	.183	64.51	2.12
RADIOLOGY	828	1,199	104,109.83	86.83	.038	125.74	3.30
ROOM USE	1,348	2,041	95,209.74	46.65	.065	70.63	3.02
CROSSOVERS/ALL OTH OUTPTNT	1,981	7,926	235,545.37	29.72	.251	118.90	7.46
@STATE HOSPITAL	2	40	\$ 21,899.20	\$ 547.48	.001	\$ 10949.60	\$.69
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	2	40	21,899.20	547.48	.001	10949.60	.69
@NURSING FACILITY	352	11,143	\$ 1,462,336.67	\$ 131.23	.353	\$ 4154.37	\$ 46.32
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	90	3,616	434,068.32	120.04	.115	4822.98	13.75
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	263	7,527	1,028,268.35	136.61	.238	3909.77	32.57
@INTERMEDIATE CARE FACIL.-DD	230	7,669	\$ 1,141,865.34	\$ 148.89	.243	\$ 4964.63	\$ 36.17
ICF DDH	230	7,669	1,141,865.34	148.89	.243	4964.63	36.17
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	110	1,116	\$ 102,640.51	\$ 91.97	.035	\$ 933.10	\$ 3.25
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	110	1,116	102,640.51	91.97	.035	933.10	3.25

@REHABILITATION FACILITY	76	684	\$	11,121.72	\$	16.26	.022	\$	146.34	\$	.35
HOSPITAL BASED	11	39		1,063.35		27.27	.001		96.67		.03
INDEPENDENT FACILITY	65	645		10,058.37		15.59	.020		154.74		.32
@LABORATORY FACILITY	2,254	13,320	\$	147,784.10	\$	11.09	.422	\$	65.57	\$	4.68
PATHOLOGY	2,223	13,264		144,344.85		10.88	.420		64.93		4.57
XO AND OTHERS	50	56		3,439.25		61.42	.002		68.79		.11
@ORGANIZED OUTPATIENT CLINIC	3,259	5,913	\$	459,312.06	\$	77.68	.187	\$	140.94	\$	14.55
CLINIC	619	1,399		33,544.26		23.98	.044		54.19		1.06
SURGICENTER	10	20		1,683.90		84.20	.001		168.39		.05
HEROIN DETOX CLINIC	23	392		4,554.90		11.62	.012		198.04		.14
RURAL HEALTH CLINIC	2,710	4,102		419,529.00		102.27	.130		154.81		13.29
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 6,092
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60										

								----- MONTHLY AVERAGE -----			
31,571 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE			
@ALL OTHER PROVIDERS	4,031	590,485	\$	1,370,277.41	\$ 2.32	18.703	\$ 339.93	\$	43.40		
DURABLE MED. EQUIP.	303	1,437		213,315.97	148.45	.046	704.01		6.76		
BLOOD BANK	0	0		.00	.00	.000	.00		.00		
HEARING AID DISPENSERS	75	147		14,486.85	98.55	.005	193.16		.46		
MEDICAL TRANSPORTATION	669	15,249		127,096.38	8.33	.483	189.98		4.03		
AMBULANCES/AIR TRANS	416	5,947		85,288.47	14.34	.188	205.02		2.70		
OTHER TRANS	54	6,030		15,265.74	2.53	.191	282.70		.48		
OTHER SERVICES	215	3,272		26,542.17	8.11	.104	123.45		.84		
ACUPUNCTURE	107	302		5,302.43	17.56	.010	49.56		.17		
ADULT DAY HEALTH CARE CTR	289	2,835		188,493.23	66.49	.090	652.23		5.97		
GENETIC DISEASE TESTING	2	2		110.00	55.00	.000	55.00		.00		
IHMC,MODEL-NF,NF,AIDS,MSSP	304	6,903		276,923.02	40.12	.219	910.93		8.77		
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00		
OPTICIAN	529	1,554		19,457.48	12.52	.049	36.78		.62		
PHYSICAL THERAPIST	6	46		780.51	16.97	.001	130.09		.02		
PORTABLE X-RAY	16	38		774.02	20.37	.001	48.38		.02		
PROSTHETIST/ORTHOTISTS	83	233		30,484.81	130.84	.007	367.29		.97		
PROSTHETICS	73	212		29,057.53	137.06	.007	398.05		.92		
ORTHOTICS	10	21		1,427.28	67.97	.001	142.73		.05		
PSYCHOLOGIST	6	7		197.01	28.14	.000	32.84		.01		
SPEECH AND AUDIOLOGY	772	3,253		128,355.44	39.46	.103	166.26		4.07		
HOSPICE SERVICES	33	1,131		142,091.20	125.63	.036	4305.79		4.50		
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00		
LOCAL EDUCATION AGENCIES	345	12,204		89,054.53	7.30	.387	258.13		2.82		
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00		
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00		
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00		
ALL OTHER PROVIDERS	947	545,144		133,354.53	.24	17.267	140.82		4.22		
@CALIF. CHILDREN SERVICES*	289	4,772	\$	2,007,522.02	\$ 420.69	.151	\$ 6946.44	\$	63.59		
@XOVER EXCLUDING STATE HOSP**	3,086	28,220	\$	499,235.38	\$ 17.69	.894	\$ 161.77	\$	15.81		

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 6,093
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G										

								----- MONTHLY AVERAGE -----			
20,137 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE			

@TOTAL, ALL PROVIDERS	8,894	55,608	\$	2,295,116.56	\$	41.27	2.761	\$	258.05	\$	113.98
@PHYSICIANS SERVICES	2,982	6,234	\$	265,021.81	\$	42.51	.310	\$	88.87	\$	13.16
OUTPATIENT VISITS	2,302	2,960		107,922.93		36.46	.147		46.88		5.36
OFFICE VISITS	1,408	1,775		56,010.19		31.56	.088		39.78		2.78
HOME VISITS	5	7		349.54		49.93	.000		69.91		.02
EMERGENCY ROOM	976	1,099		47,763.69		43.46	.055		48.94		2.37
PREVENTIVE CARE	9	9		423.49		47.05	.000		47.05		.02
OB VISITS/COMPRE PERI	17	26		2,291.31		88.13	.001		134.78		.11
OTHER OUTPATIENT	38	44		1,084.71		24.65	.002		28.55		.05
INPATIENT VISITS	86	307		21,944.97		71.48	.015		255.17		1.09
HOSPITAL VISITS	81	255		12,997.92		50.97	.013		160.47		.65
CRITICAL CARE	11	52		8,947.05		172.06	.003		813.37		.44
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	77	87		3,787.80		43.54	.004		49.19		.19
EXAMINATIONS	77	87		3,787.80		43.54	.004		49.19		.19
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	107	600		59,658.41		99.43	.030		557.56		2.96
PRINCIPAL SURGEON	76	88		47,302.93		537.53	.004		622.41		2.35
ASSISTANT SURGEON	12	12		1,882.83		156.90	.001		156.90		.09
ANESTHESIOLOGIST	40	500		10,472.65		20.95	.025		261.82		.52
OUTPATIENT SURGERY	206	391		24,249.13		62.02	.019		117.71		1.20
PRINCIPAL SURGEON	185	223		20,043.87		89.88	.011		108.35		1.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	33	168		4,205.26		25.03	.008		127.43		.21
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	203	343		3,284.75		9.58	.017		16.18		.16
RADIOLOGY	582	778		26,575.04		34.16	.039		45.66		1.32
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	43	71		1,482.78		20.88	.004		34.48		.07
OTHER SERVICES/ALL X-OVERS	294	697		16,116.00		23.12	.035		54.82		.80
@PHARMACY	3,923	9,182	\$	484,630.37	\$	52.78	.456	\$	123.54	\$	24.07
PRESCRIPTION DRUGS	3,895	8,730		479,468.96		54.92	.434		123.10		23.81
SNF/ICF	34	52		36,403.08		700.06	.003		1070.68		1.81
OUTPATIENTS	3,875	8,678		443,065.88		51.06	.431		114.34		22.00
MEDICAL SUPPLIES	79	452		5,161.41		11.42	.022		65.33		.26
@DENTIST	1,337	4,914	\$	153,466.68	\$	31.23	.244	\$	114.78	\$	7.62
VISITS - DIAGNOSTIC	1,016	3,441		58,803.93		17.09	.171		57.88		2.92
ORAL SURGERY	144	216		11,856.00		54.89	.011		82.33		.59
DRUGS	28	33		788.00		23.88	.002		28.14		.04
ANESTHESIA	7	7		600.00		85.71	.000		85.71		.03
PERIODONTICS	22	22		3,375.00		153.41	.001		153.41		.17
ENDODONTICS	70	101		15,175.00		150.25	.005		216.79		.75
RESTORATIVE DENTISTRY	394	990		56,492.75		57.06	.049		143.38		2.81
PROSTHETICS	4	4		140.00		35.00	.000		35.00		.01
DENTURES, STAYPLATES	12	43		1,866.00		43.40	.002		155.50		.09
SPACE MAINTAINERS	2	2		120.00		60.00	.000		60.00		.01
MAXILLOFACIAL SERVICES	5	6		350.00		58.33	.000		70.00		.02
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	37	44		3,900.00		88.64	.002		105.41		.19
ALL OTHER SERVICES	5	5		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

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----- MONTHLY AVERAGE -----

20,137 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@OPTOMETRIST	146	387	\$	9,522.89	\$	24.61	.019	\$	65.23	\$.47
DIAGNOSTIC AND ANC. PROCED	118	118		5,502.23		46.63	.006		46.63		.27
EYE APPLIANCES	93	268		3,951.76		14.75	.013		42.49		.20
OTHER OPTOMETRIC SERVICES	1	1		68.90		68.90	.000		68.90		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	24	40	\$	1,142.71	\$	28.57	.002	\$	47.61	\$	.06
MEDICINE/INJECTIONS	24	31		915.49		29.53	.002		38.15		.05
SURGERY/ANES.	4	6		60.00		10.00	.000		15.00		.00
RADIO./PATHOLOGY	1	1		17.30		17.30	.000		17.30		.00
OTHER	1	2		149.92		74.96	.000		149.92		.01
@HOME HEALTH AGENCY	29	81	\$	4,857.38	\$	59.97	.004	\$	167.50	\$	.24
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	1	6	\$	362.88	\$	60.48	.000	\$	362.88	\$	.02
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	2	2	\$	83.38	\$	41.69	.000	\$	41.69	\$	.00
@TOTAL HOSPITAL	1,624	5,749	\$	857,636.88	\$	149.18	.285	\$	528.10	\$	42.59
HOSP INPATIENT TOTAL	119	480		693,399.08		1444.58	.024		5826.88		34.43
HSC HOSPITALS	111	449		639,947.73		1425.27	.022		5765.29		31.78
NON-HSC HOSPITAL TOTAL	10	31		53,451.35		1724.24	.002		5345.14		2.65
ACCOMMODATIONS	10	31		27,225.41		878.24	.002		2722.54		1.35
ADMINISTRATIVE DAYS	2	5		1,125.72		225.14	.000		562.86		.06
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	26		26,099.69		1003.83	.001		3262.46		1.30
ANCILLARIES	10	0		26,225.94		.00	.000		2622.59		1.30
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,548	5,269		164,237.80		31.17	.262		106.10		8.16
MEDICAL	751	1,008		35,116.97		34.84	.050		46.76		1.74
SURGERY	112	130		6,456.96		49.67	.006		57.65		.32
PATHOLOGY	399	1,475		17,350.34		11.76	.073		43.48		.86
RADIOLOGY	452	569		42,024.78		73.86	.028		92.98		2.09
ROOM USE	817	1,033		43,148.04		41.77	.051		52.81		2.14
CROSSOVERS/ALL OTH OUTPTNT	568	1,054		20,140.71		19.11	.052		35.46		1.00
@COUNTY HOSPITAL TOTAL	19	85	\$	15,132.95	\$	178.03	.004	\$	796.47	\$	.75
CO HOSPITAL INPATIENT TOTAL	4	11		13,102.04		1191.09	.001		3275.51		.65
HSC HOSPITALS	4	11		13,102.04		1191.09	.001		3275.51		.65
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	17	74		2,030.91		27.44	.004		119.47		.10
MEDICAL	6	11		331.26		30.11	.001		55.21		.02
SURGERY	2	2		9.98		4.99	.000		4.99		.00
PATHOLOGY	6	32		429.49		13.42	.002		71.58		.02
RADIOLOGY	3	4		353.75		88.44	.000		117.92		.02
ROOM USE	10	18		738.81		41.05	.001		73.88		.04
CROSSOVERS/ALL OTH OUTPTNT	4	7		167.62		23.95	.000		41.91		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										
MOP024	FEE-FOR-SERVICE/DENTAL										
MARIN COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G										

20,137 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,609	5,664	\$ 842,503.93	\$ 148.75	.281	\$ 523.62	\$ 41.84
COMM HOSP INPATIENT TOTAL	116	469	680,297.04	1450.53	.023	5864.63	33.78
HSC HOSPITALS	108	438	626,845.69	1431.15	.022	5804.13	31.13
NON-HSC HOSPITALS TOTAL	10	31	53,451.35	1724.24	.002	5345.14	2.65
ACCOMMODATIONS	10	31	27,225.41	878.24	.002	2722.54	1.35
ADMINISTRATIVE DAYS	2	5	1,125.72	225.14	.000	562.86	.06
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	26	26,099.69	1003.83	.001	3262.46	1.30
ANCILLARIES	10	0	26,225.94	.00	.000	2622.59	1.30
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,535	5,195	162,206.89	31.22	.258	105.67	8.06
MEDICAL	746	997	34,785.71	34.89	.050	46.63	1.73
SURGERY	110	128	6,446.98	50.37	.006	58.61	.32
PATHOLOGY	394	1,443	16,920.85	11.73	.072	42.95	.84
RADIOLOGY	449	565	41,671.03	73.75	.028	92.81	2.07
ROOM USE	809	1,015	42,409.23	41.78	.050	52.42	2.11
CROSSOVERS/ALL OTH OUTPTNT	565	1,047	19,973.09	19.08	.052	35.35	.99
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	13	141	\$ 2,032.66	\$ 14.42	.007	\$ 156.36	\$.10
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	13	141	2,032.66	14.42	.007	156.36	.10
@LABORATORY FACILITY	842	3,089	\$ 44,783.86	\$ 14.50	.153	\$ 53.19	\$ 2.22
PATHOLOGY	838	3,084	44,489.28	14.43	.153	53.09	2.21
XO AND OTHERS	5	5	294.58	58.92	.000	58.92	.01
@ORGANIZED OUTPATIENT CLINIC	2,334	4,879	\$ 386,767.66	\$ 79.27	.242	\$ 165.71	\$ 19.21
CLINIC	558	2,071	47,495.32	22.93	.103	85.12	2.36
SURGICENTER	1	4	180.08	45.02	.000	180.08	.01
HEROIN DETOX CLINIC	3	32	359.10	11.22	.002	119.70	.02
RURAL HEALTH CLINIC	1,842	2,772	338,733.16	122.20	.138	183.89	16.82
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
MOP024	FEE-FOR-SERVICE/DENTAL						
MARIN COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G						

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	20,137 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	910	20,904	\$	84,807.40	\$ 4.06	1.038	\$ 93.19	\$ 4.21
DURABLE MED. EQUIP.	69	107		11,901.47	111.23	.005	172.49	.59
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	10		2,531.41	253.14	.000	1265.71	.13
MEDICAL TRANSPORTATION	107	1,114		21,409.01	19.22	.055	200.08	1.06
AMBULANCES/AIR TRANS	106	1,109		17,789.17	16.04	.055	167.82	.88
OTHER TRANS	1	3		19.84	6.61	.000	19.84	.00
OTHER SERVICES	2	2		3,600.00	1800.00	.000	1800.00	.18
ACUPUNCTURE	36	149		2,741.08	18.40	.007	76.14	.14
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	18	18		1,499.00	83.28	.001	83.28	.07
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	198	518		5,639.74	10.89	.026	28.48	.28
PHYSICAL THERAPIST	1	1		26.13	26.13	.000	26.13	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	13	32		5,662.74	176.96	.002	435.60	.28
PROSTHETICS	12	31		5,574.05	179.81	.002	464.50	.28
ORTHOTICS	1	1		88.69	88.69	.000	88.69	.00
PSYCHOLOGIST	4	29		1,870.76	64.51	.001	467.69	.09
SPEECH AND AUDIOLOGY	7	15		837.37	55.82	.001	119.62	.04
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	461	2,894		28,637.49	9.90	.144	62.12	1.42
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	16,017		2,051.20	.13	.795	227.91	.10
@CALIF. CHILDREN SERVICES*	83	946	\$	224,180.83	\$ 236.98	.047	\$ 2700.97	\$ 11.13
@XOVER EXCLUDING STATE HOSP**	1	1	\$	24.00	\$ 24.00	.000	\$ 24.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

						----- MONTHLY AVERAGE -----			
61,540 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	39,058	1,108,087	\$	27,425,330.40	\$ 24.75	18.006	\$ 702.17	\$ 445.65	
@PHYSICIANS SERVICES	10,424	28,475	\$	1,062,586.24	\$ 37.32	.463	\$ 101.94	\$ 17.27	
OUTPATIENT VISITS	5,608	7,698		294,525.23	38.26	.125	52.52	4.79	
OFFICE VISITS	3,541	4,732		152,716.99	32.27	.077	43.13	2.48	
HOME VISITS	100	116		4,463.39	38.48	.002	44.63	.07	
EMERGENCY ROOM	2,178	2,588		127,428.06	49.24	.042	58.51	2.07	
PREVENTIVE CARE	9	9		423.49	47.05	.000	47.05	.01	
OB VISITS/COMPRE PERI	18	27		2,351.79	87.10	.000	130.66	.04	
OTHER OUTPATIENT	197	226		7,141.51	31.60	.004	36.25	.12	
INPATIENT VISITS	768	2,864		147,569.57	51.53	.047	192.15	2.40	
HOSPITAL VISITS	555	2,310		106,003.76	45.89	.038	191.00	1.72	
CRITICAL CARE	59	240		30,884.55	128.69	.004	523.47	.50	
SNF/ICF/TRANS IP CARE	228	314		10,681.26	34.02	.005	46.85	.17	
OPHTHALMOLOGICAL SERVICES	246	288		12,496.84	43.39	.005	50.80	.20	
EXAMINATIONS	246	288		12,496.84	43.39	.005	50.80	.20	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	298	1,789		148,034.45	82.75	.029	496.76	2.41	
PRINCIPAL SURGEON	209	309		112,052.17	362.63	.005	536.13	1.82	
ASSISTANT SURGEON	19	19		2,666.09	140.32	.000	140.32	.04	
ANESTHESIOLOGIST	109	1,461		33,316.19	22.80	.024	305.65	.54	
OUTPATIENT SURGERY	664	1,595		100,585.68	63.06	.026	151.48	1.63	
PRINCIPAL SURGEON	559	688		80,807.58	117.45	.011	144.56	1.31	
ASSISTANT SURGEON	1	1		107.22	107.22	.000	107.22	.00	
ANESTHESIOLOGIST	130	906		19,670.88	21.71	.015	151.31	.32	
DIALYSIS	22	162		9,211.92	56.86	.003	418.72	.15	
PATHOLOGY	588	1,372		14,617.61	10.65	.022	24.86	.24	
RADIOLOGY	1,853	3,088		120,567.43	39.04	.050	65.07	1.96	
PSYCHIATRY	14	27		756.60	28.02	.000	54.04	.01	
IMMUNIZATION AND INJECTION	150	352		39,620.70	112.56	.006	264.14	.64	
OTHER SERVICES/ALL X-OVERS	3,735	9,240		174,600.21	18.90	.150	46.75	2.84	
@PHARMACY	28,869	200,754	\$	14,073,301.63	\$ 70.10	3.262	\$ 487.49	\$ 228.69	
PRESCRIPTION DRUGS	28,466	108,444		10,954,438.79	101.01	1.762	384.83	178.01	
SNF/ICF	1,100	6,857		675,269.77	98.48	.111	613.88	10.97	
OUTPATIENTS	27,526	101,587		10,279,169.02	101.19	1.651	373.43	167.03	
MEDICAL SUPPLIES	1,995	92,310		3,118,862.84	33.79	1.500	1563.34	50.68	
@DENTIST	4,443	15,345	\$	627,476.67	\$ 40.89	.249	\$ 141.23	\$ 10.20	
VISITS - DIAGNOSTIC	3,200	10,014		171,661.36	17.14	.163	53.64	2.79	
ORAL SURGERY	454	879		43,380.04	49.35	.014	95.55	.70	
DRUGS	39	48		881.75	18.37	.001	22.61	.01	
ANESTHESIA	12	12		1,100.00	91.67	.000	91.67	.02	
PERIODONTICS	200	283		46,826.25	165.46	.005	234.13	.76	
ENDODONTICS	206	267		48,492.50	181.62	.004	235.40	.79	
RESTORATIVE DENTISTRY	1,339	3,052		234,611.25	76.87	.050	175.21	3.81	
PROSTHETICS	48	59		2,640.00	44.75	.001	55.00	.04	
DENTURES, STAYPLATES	264	627		71,974.02	114.79	.010	272.63	1.17	
SPACE MAINTAINERS	3	3		320.00	106.67	.000	106.67	.01	
MAXILLOFACIAL SERVICES	7	8		400.00	50.00	.000	57.14	.01	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	44	52		5,035.00	96.83	.001	114.43	.08	
ALL OTHER SERVICES	27	41		154.50	3.77	.001	5.72	.00	

61,540 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	491	1,253	\$ 33,416.19	\$ 26.67	.020	\$ 68.06	\$.54
DIAGNOSTIC AND ANC. PROCED	338	345	15,973.03	46.30	.006	47.26	.26
EYE APPLIANCES	279	872	15,398.00	17.66	.014	55.19	.25
OTHER OPTOMETRIC SERVICES	33	36	2,045.16	56.81	.001	61.97	.03
@CHIROPRACTOR	15	27	\$ 395.34	\$ 14.64	.000	\$ 26.36	\$.01
VISITS	13	23	384.56	16.72	.000	29.58	.01
OTHER SERVICES	2	4	10.78	2.70	.000	5.39	.00
@PODIATRIST	438	625	\$ 14,066.07	\$ 22.51	.010	\$ 32.11	\$.23
MEDICINE/INJECTIONS	242	285	7,333.74	25.73	.005	30.30	.12
SURGERY/ANES.	29	34	1,147.99	33.76	.001	39.59	.02
RADIO./PATHOLOGY	5	8	138.40	17.30	.000	27.68	.00
OTHER	205	298	5,445.94	18.27	.005	26.57	.09
@HOME HEALTH AGENCY	167	5,121	\$ 149,125.39	\$ 29.12	.083	\$ 892.97	\$ 2.42
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	3	21	\$ 489.03	\$ 23.29	.000	\$ 163.01	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	15	42	\$ 413.37	\$ 9.84	.001	\$ 27.56	\$.01
@TOTAL HOSPITAL	6,564	32,764	\$ 4,497,789.16	\$ 137.28	.532	\$ 685.22	\$ 73.09
HOSP INPATIENT TOTAL	626	4,265	3,624,576.48	849.84	.069	5790.06	58.90
HSC HOSPITALS	402	2,225	3,007,948.56	1351.89	.036	7482.46	48.88
NON-HSC HOSPITAL TOTAL	70	289	414,701.82	1434.95	.005	5924.31	6.74
ACCOMMODATIONS	69	289	147,639.20	510.86	.005	2139.70	2.40
ADMINISTRATIVE DAYS	31	154	32,788.36	212.91	.003	1057.69	.53
TRANSITIONAL IP CARE	0	0	100.28	.00	.000	.00	.00
ALL OTHER ACCOM	39	135	114,750.56	850.00	.002	2942.32	1.86
ANCILLARIES	70	0	267,062.62	.00	.000	3815.18	4.34
INPATIENT CROSSOVERS	180	1,751	201,926.10	115.32	.028	1121.81	3.28
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6,155	28,499	873,212.68	30.64	.463	141.87	14.19
MEDICAL	2,053	3,297	117,341.37	35.59	.054	57.16	1.91
SURGERY	398	488	36,780.42	75.37	.008	92.41	.60
PATHOLOGY	1,506	7,603	88,661.83	11.66	.124	58.87	1.44
RADIOLOGY	1,332	1,842	152,457.11	82.77	.030	114.46	2.48
ROOM USE	2,277	3,245	145,778.04	44.92	.053	64.02	2.37
CROSSOVERS/ALL OTH OUTPTNT	3,309	12,024	332,193.91	27.63	.195	100.39	5.40
@COUNTY HOSPITAL TOTAL	97	456	\$ 58,669.80	\$ 128.66	.007	\$ 604.84	\$.95
CO HOSPITAL INPATIENT TOTAL	11	118	47,975.85	406.58	.002	4361.44	.78
HSC HOSPITALS	8	36	39,593.03	1099.81	.001	4949.13	.64
NON-HSC HOSPITALS TOTAL	1	15	5,966.82	397.79	.000	5966.82	.10
ACCOMMODATIONS	1	15	3,775.38	251.69	.000	3775.38	.06
ADMINISTRATIVE DAYS	1	15	3,725.44	248.36	.000	3725.44	.06
TRANSITIONAL IP CARE	0	0	49.94	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	2,191.44	.00	.000	2191.44	.04
INPATIENT CROSSOVERS	3	67	2,416.00	36.06	.001	805.33	.04
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	89	338	10,693.95	31.64	.005	120.16	.17
MEDICAL	33	44	1,448.25	32.91	.001	43.89	.02
SURGERY	8	10	187.55	18.76	.000	23.44	.00
PATHOLOGY	31	125	1,909.72	15.28	.002	61.60	.03

RADIOLOGY	21	31	3,011.76	97.15	.001	143.42	.05
ROOM USE	59	75	3,214.04	42.85	.001	54.48	.05
CROSSOVERS/ALL OTH OUTPTNT	27	53	922.63	17.41	.001	34.17	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,099
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR CASH GRANT

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
61,540 ELIGIBLES					
@COMMUNITY HOSPITAL TOTAL	6,481	32,308	\$ 4,439,119.36	\$ 137.40	.525 \$ 684.94 \$ 72.13
COMM HOSP INPATIENT TOTAL	616	4,147	3,576,600.63	862.45	.067 5806.17 58.12
HSC HOSPITALS	395	2,189	2,968,355.53	1356.03	.036 7514.82 48.23
NON-HSC HOSPITALS TOTAL	69	274	408,735.00	1491.73	.004 5923.70 6.64
ACCOMMODATIONS	68	274	143,863.82	525.05	.004 2115.64 2.34
ADMINISTRATIVE DAYS	30	139	29,062.92	209.09	.002 968.76 .47
TRANSITIONAL IP CARE	0	0	50.34	.00	.000 .00 .00
ALL OTHER ACCOM	39	135	114,750.56	850.00	.002 2942.32 1.86
ANCILLARIES	69	0	264,871.18	.00	.000 3838.71 4.30
INPATIENT CROSSOVERS	177	1,684	199,510.10	118.47	.027 1127.18 3.24
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	6,080	28,161	862,518.73	30.63	.458 141.86 14.02
MEDICAL	2,023	3,253	115,893.12	35.63	.053 57.29 1.88
SURGERY	390	478	36,592.87	76.55	.008 93.83 .59
PATHOLOGY	1,476	7,478	86,752.11	11.60	.122 58.78 1.41
RADIOLOGY	1,313	1,811	149,445.35	82.52	.029 113.82 2.43
ROOM USE	2,224	3,170	142,564.00	44.97	.052 64.10 2.32
CROSSOVERS/ALL OTH OUTPTNT	3,285	11,971	331,271.28	27.67	.195 100.84 5.38
@STATE HOSPITAL	2	40	\$ 21,899.20	\$ 547.48	.001 \$ 10949.60 \$.36
MENTALLY ILL	0	0	.00	.00	.000 .00 .00
DEVELOP. DISABLED	2	40	21,899.20	547.48	.001 10949.60 .36
@NURSING FACILITY	589	17,798	\$ 2,420,334.76	\$ 135.99	.289 \$ 4109.23 \$ 39.33
LEV A-INTERMEDIATE	0	0	.00	.00	.000 .00 .00
LEV B-REHAB MD	90	3,616	434,068.32	120.04	.059 4822.98 7.05
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE HSPTL BASED	4	106	58,633.90	553.15	.002 14658.48 .95
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
LEV B-REGULAR	496	14,076	1,927,632.54	136.94	.229 3886.36 31.32
@INTERMEDIATE CARE FACIL.-DD	242	8,054	\$ 1,199,295.79	\$ 148.91	.131 \$ 4955.77 \$ 19.49
ICF DDH	242	8,054	1,199,295.79	148.91	.131 4955.77 19.49
ICF DD	0	0	.00	.00	.000 .00 .00
ICF DDN/DDCN	0	0	.00	.00	.000 .00 .00
@HEMODIALYSIS TOTAL	149	1,805	\$ 132,123.35	\$ 73.20	.029 \$ 886.73 \$ 2.15
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00
HEMODIALYSIS CENTER	149	1,805	132,123.35	73.20	.029 886.73 2.15
@REHABILITATION FACILITY	93	831	\$ 13,368.09	\$ 16.09	.014 \$ 143.74 \$.22
HOSPITAL BASED	12	41	1,192.30	29.08	.001 99.36 .02
INDEPENDENT FACILITY	81	790	12,175.79	15.41	.013 150.32 .20
@LABORATORY FACILITY	3,162	16,817	\$ 198,042.70	\$ 11.78	.273 \$ 62.63 \$ 3.22
PATHOLOGY	3,120	16,748	194,147.97	11.59	.272 62.23 3.15
XO AND OTHERS	62	69	3,894.73	56.45	.001 62.82 .06
@ORGANIZED OUTPATIENT CLINIC	6,137	11,641	\$ 880,853.50	\$ 75.67	.189 \$ 143.53 \$ 14.31
CLINIC	1,192	3,503	81,867.23	23.37	.057 68.68 1.33
SURGICENTER	21	37	4,084.78	110.40	.001 194.51 .07
HEROIN DETOX CLINIC	26	424	4,914.00	11.59	.007 189.00 .08
RURAL HEALTH CLINIC	5,072	7,677	789,987.49	102.90	.125 155.75 12.84

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,100

61,540 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6,414	766,674	\$ 2,100,353.92	\$ 2.74	12.458	\$ 327.46	\$ 34.13
DURABLE MED. EQUIP.	411	1,617	235,920.00	145.90	.026	574.01	3.83
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	150	261	31,638.17	121.22	.004	210.92	.51
MEDICAL TRANSPORTATION	927	20,517	169,710.12	8.27	.333	183.07	2.76
AMBULANCES/AIR TRANS	542	7,232	106,560.71	14.73	.118	196.61	1.73
OTHER TRANS	80	9,055	24,545.89	2.71	.147	306.82	.40
OTHER SERVICES	327	4,230	38,603.52	9.13	.069	118.05	.63
ACUPUNCTURE	184	593	10,584.60	17.85	.010	57.53	.17
ADULT DAY HEALTH CARE CTR	507	5,498	366,298.46	66.62	.089	722.48	5.95
GENETIC DISEASE TESTING	20	20	1,609.00	80.45	.000	80.45	.03
IHMC,MODEL-NF,NF,AIDS,MSSP	878	11,258	527,853.35	46.89	.183	601.20	8.58
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	919	2,655	33,127.45	12.48	.043	36.05	.54
PHYSICAL THERAPIST	7	47	806.64	17.16	.001	115.23	.01
PORTABLE X-RAY	20	47	907.91	19.32	.001	45.40	.01
PROSTHETIST/ORTHOTISTS	117	311	38,113.57	122.55	.005	325.76	.62
PROSTHETICS	100	277	35,825.86	129.34	.005	358.26	.58
ORTHOTICS	18	34	2,287.71	67.29	.001	127.10	.04
PSYCHOLOGIST	14	42	2,172.46	51.73	.001	155.18	.04
SPEECH AND AUDIOLOGY	815	3,389	133,762.24	39.47	.055	164.13	2.17
HOSPICE SERVICES	58	1,953	242,047.82	123.94	.032	4173.24	3.93
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	826	16,951	136,054.30	8.03	.275	164.71	2.21
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	1,352	701,515		169,747.83		.24	11.399	125.55		2.76
@CALIF. CHILDREN SERVICES*	387	5,833	\$	2,250,595.97	\$	385.84	.095	\$ 5815.49	\$	36.57
@XOVER EXCLUDING STATE HOSP**	5,111	52,613	\$	764,700.61	\$	14.53	.855	\$ 149.62	\$	12.43

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

MARIN COUNTY

SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

AID CODES 47 69

	1,831 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS		935	3,324	\$ 415,646.02	\$ 125.04	1.815	\$ 444.54	\$ 227.00
@PHYSICIANS SERVICES		240	536	\$ 32,374.47	\$ 60.40	.293	\$ 134.89	\$ 17.68
OUTPATIENT VISITS		177	229	9,098.89	39.73	.125	51.41	4.97
OFFICE VISITS		74	114	3,701.97	32.47	.062	50.03	2.02
HOME VISITS		0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM		102	111	5,309.09	47.83	.061	52.05	2.90
PREVENTIVE CARE		0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI		0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT		4	4	87.83	21.96	.002	21.96	.05
INPATIENT VISITS		13	109	12,258.06	112.46	.060	942.93	6.69
HOSPITAL VISITS		12	55	3,172.90	57.69	.030	264.41	1.73
CRITICAL CARE		4	54	9,085.16	168.24	.029	2271.29	4.96
SNF/ICF/TRANS IP CARE		0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES		16	21	858.18	40.87	.011	53.64	.47
EXAMINATIONS		16	21	858.18	40.87	.011	53.64	.47
SERVICES AND MATERIALS		0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY		13	56	6,536.95	116.73	.031	502.84	3.57
PRINCIPAL SURGEON		9	10	4,702.21	470.22	.005	522.47	2.57
ASSISTANT SURGEON		0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST		6	46	1,834.74	39.89	.025	305.79	1.00
OUTPATIENT SURGERY		8	12	1,430.80	119.23	.007	178.85	.78
PRINCIPAL SURGEON		7	10	1,339.45	133.95	.005	191.35	.73
ASSISTANT SURGEON		0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST		1	2	91.35	45.68	.001	91.35	.05
DIALYSIS		2	7	753.88	107.70	.004	376.94	.41
PATHOLOGY		9	15	62.47	4.16	.008	6.94	.03
RADIOLOGY		45	52	832.54	16.01	.028	18.50	.45
PSYCHIATRY		0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION		3	9	84.76	9.42	.005	28.25	.05
OTHER SERVICES/ALL X-OVERS		14	26	457.94	17.61	.014	32.71	.25
@PHARMACY		357	675	\$ 19,541.76	\$ 28.95	.369	\$ 54.74	\$ 10.67
PRESCRIPTION DRUGS		355	629	19,162.10	30.46	.344	53.98	10.47
SNF/ICF		2	2	2,499.86	1249.93	.001	1249.93	1.37
OUTPATIENTS		354	627	16,662.24	26.57	.342	47.07	9.10
MEDICAL SUPPLIES		14	46	379.66	8.25	.025	27.12	.21
@DENTIST		1	1	\$ 18.75	\$ 18.75	.001	\$ 18.75	\$.01
VISITS - DIAGNOSTIC		1	1	18.75	18.75	.001	18.75	.01
ORAL SURGERY		0	0	.00	.00	.000	.00	.00
DRUGS		0	0	.00	.00	.000	.00	.00
ANESTHESIA		0	0	.00	.00	.000	.00	.00
PERIODONTICS		0	0	.00	.00	.000	.00	.00
ENDODONTICS		0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY		0	0	.00	.00	.000	.00	.00
PROSTHETICS		0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002					PAGE 6,102	
MOP024	FEE-FOR-SERVICE/DENTAL					01/17/03	
MARIN COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS					AID CODES 47 69	
					----- MONTHLY AVERAGE -----		
1,831 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	205	740	\$ 224,113.94	\$ 302.86	.404	\$ 1093.24	\$ 122.40
HOSP INPATIENT TOTAL	35	135	202,428.85	1499.47	.074	5783.68	110.56
HSC HOSPITALS	33	131	197,905.00	1510.73	.072	5997.12	108.09
NON-HSC HOSPITAL TOTAL	2	4	4,523.85	1130.96	.002	2261.93	2.47
ACCOMMODATIONS	2	4	2,920.31	730.08	.002	1460.16	1.59
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	4	2,920.31	730.08	.002	1460.16	1.59
ANCILLARIES	1	0	1,603.54	.00	.000	1603.54	.88
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	182	605	21,685.09	35.84	.330	119.15	11.84
MEDICAL	83	122	6,148.68	50.40	.067	74.08	3.36
SURGERY	8	10	425.37	42.54	.005	53.17	.23
PATHOLOGY	53	261	2,366.33	9.07	.143	44.65	1.29
RADIOLOGY	48	57	7,207.81	126.45	.031	150.16	3.94
ROOM USE	89	105	4,377.91	41.69	.057	49.19	2.39
CROSSOVERS/ALL OTH OUTPTNT	40	50	1,158.99	23.18	.027	28.97	.63
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,103
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS						AID CODES 47 69
					----- MONTHLY AVERAGE -----		
1,831 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	205	740	\$ 224,113.94	\$ 302.86	.404	\$ 1093.24	\$ 122.40
COMM HOSP INPATIENT TOTAL	35	135	202,428.85	1499.47	.074	5783.68	110.56
HSC HOSPITALS	33	131	197,905.00	1510.73	.072	5997.12	108.09
NON-HSC HOSPITALS TOTAL	2	4	4,523.85	1130.96	.002	2261.93	2.47
ACCOMMODATIONS	2	4	2,920.31	730.08	.002	1460.16	1.59
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	4	2,920.31	730.08	.002	1460.16	1.59
ANCILLARIES	1	0	1,603.54	.00	.000	1603.54	.88
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	182	605	21,685.09	35.84	.330	119.15	11.84
MEDICAL	83	122	6,148.68	50.40	.067	74.08	3.36
SURGERY	8	10	425.37	42.54	.005	53.17	.23
PATHOLOGY	53	261	2,366.33	9.07	.143	44.65	1.29
RADIOLOGY	48	57	7,207.81	126.45	.031	150.16	3.94
ROOM USE	89	105	4,377.91	41.69	.057	49.19	2.39
CROSSOVERS/ALL OTH OUTPTNT	40	50	1,158.99	23.18	.027	28.97	.63
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	14	\$ 234.51	\$ 16.75	.008	\$ 234.51	\$.13
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	1	14	234.51	16.75	.008	234.51	.13
@LABORATORY FACILITY	41	77	\$ 905.53	\$ 11.76	.042	\$ 22.09	\$.49
PATHOLOGY	41	77	905.53	11.76	.042	22.09	.49
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	567	1,127	\$	135,183.92	\$	119.95	.616	\$	238.42	\$	73.83
CLINIC	1	1		32.62		32.62	.001		32.62		.02
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	566	1,126		135,151.30		120.03	.615		238.78		73.81

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,104
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

1,831 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	26	154	\$ 3,273.14	\$ 21.25	.084	\$ 125.89	\$ 1.79
DURABLE MED. EQUIP.	9	14	768.33	54.88	.008	85.37	.42
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	124	1,140.88	9.20	.068	142.61	.62
AMBULANCES/AIR TRANS	8	124	1,140.88	9.20	.068	142.61	.62
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	3	3	151.00	50.33	.002	50.33	.08
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	13	1,212.93	93.30	.007	202.16	.66
PROSTHETICS	6	13	1,212.93	93.30	.007	202.16	.66
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	41	407	\$ 152,082.62	\$ 373.67	.222	\$ 3709.33	\$ 83.06
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,105
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT	AID CODES 44 48 49

2,704 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,119	22,420	\$ 1,605,993.67	\$ 71.63	8.291	\$ 757.90	\$ 593.93
@PHYSICIANS SERVICES	839	2,828	\$ 213,046.46	\$ 75.33	1.046	\$ 253.93	\$ 78.79
OUTPATIENT VISITS	171	218	11,478.36	52.65	.081	67.12	4.24
OFFICE VISITS	44	47	2,392.53	50.90	.017	54.38	.88
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	107	111	5,811.50	52.36	.041	54.31	2.15

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	22	60	3,272.19	54.54	.022	148.74	1.21
OTHER OUTPATIENT	0	0	2.14	.00	.000	.00	.00
INPATIENT VISITS	63	189	13,933.99	73.72	.070	221.17	5.15
HOSPITAL VISITS	62	159	8,505.28	53.49	.059	137.18	3.15
CRITICAL CARE	4	30	5,428.71	180.96	.011	1357.18	2.01
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	16.79	.00	.000	.00	.01
EXAMINATIONS	0	0	16.79	.00	.000	.00	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	252	843	124,008.97	147.10	.312	492.10	45.86
PRINCIPAL SURGEON	194	203	103,927.09	511.96	.075	535.71	38.43
ASSISTANT SURGEON	14	14	3,055.42	218.24	.005	218.24	1.13
ANESTHESIOLOGIST	63	626	17,026.46	27.20	.232	270.26	6.30
OUTPATIENT SURGERY	159	311	11,369.07	36.56	.115	71.50	4.20
PRINCIPAL SURGEON	151	281	10,362.66	36.88	.104	68.63	3.83
ASSISTANT SURGEON	1	1	139.88	139.88	.000	139.88	.05
ANESTHESIOLOGIST	8	29	866.53	29.88	.011	108.32	.32
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	12	20	168.20	8.41	.007	14.02	.06
RADIOLOGY	424	547	20,321.39	37.15	.202	47.93	7.52
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	9	58.07	6.45	.003	19.36	.02
OTHER SERVICES/ALL X-OVERS	213	691	31,691.62	45.86	.256	148.79	11.72
@PHARMACY	579	1,548	\$ 45,733.16	\$ 29.54	.572	\$ 78.99	\$ 16.91
PRESCRIPTION DRUGS	526	1,272	22,958.99	18.05	.470	43.65	8.49
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	526	1,272	22,958.99	18.05	.470	43.65	8.49
MEDICAL SUPPLIES	123	276	22,774.17	82.52	.102	185.16	8.42
@DENTIST	12	21	\$ 280.00	\$ 13.33	.008	\$ 23.33	\$.10
VISITS - DIAGNOSTIC	10	14	150.00	10.71	.005	15.00	.06
ORAL SURGERY	4	4	130.00	32.50	.001	32.50	.05

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	1	1	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,106
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49						
----- MONTHLY AVERAGE -----							
2,704 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	145	244 \$	13,038.04	\$ 53.43	.090	\$ 89.92	\$ 4.82
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	11	166 \$	2,865.57	\$ 17.26	.061	\$ 260.51	\$ 1.06
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	460	1,835 \$	990,059.38	\$ 539.54	.679	\$ 2152.30	\$ 366.15
HOSP INPATIENT TOTAL	209	704	958,845.87	1362.00	.260	4587.78	354.60
HSC HOSPITALS	193	649	892,458.67	1375.13	.240	4624.14	330.05
NON-HSC HOSPITAL TOTAL	16	55	66,387.20	1207.04	.020	4149.20	24.55
ACCOMMODATIONS	16	55	37,195.70	676.29	.020	2324.73	13.76
ADMINISTRATIVE DAYS	0	0	215.46CR	.00	.000	.00	.08CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	55	37,411.16	680.20	.020	2338.20	13.84
ANCILLARIES	16	0	29,191.50	.00	.000	1824.47	10.80
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	328	1,131	31,213.51	27.60	.418	95.16	11.54
MEDICAL	76	103	5,150.74	50.01	.038	67.77	1.90
SURGERY	75	160	5,109.49	31.93	.059	68.13	1.89
PATHOLOGY	130	426	4,610.82	10.82	.158	35.47	1.71
RADIOLOGY	121	137	7,402.25	54.03	.051	61.18	2.74
ROOM USE	90	111	5,535.83	49.87	.041	61.51	2.05
CROSSOVERS/ALL OTH OUTPTNT	117	194	3,404.38	17.55	.072	29.10	1.26
@COUNTY HOSPITAL TOTAL	8	76 \$	2,174.96	\$ 28.62	.028	\$ 271.87	\$.80
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	76	2,174.96	28.62	.028	271.87	.80
MEDICAL	2	2	15.81	7.91	.001	7.91	.01
SURGERY	6	8	258.22	32.28	.003	43.04	.10
PATHOLOGY	7	32	670.35	20.95	.012	95.76	.25
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	7	14	1,017.19	72.66	.005	145.31	.38
CROSSOVERS/ALL OTH OUTPTNT	6	20	213.39	10.67	.007	35.57	.08

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

						----- MONTHLY AVERAGE -----		
2,704 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	453	1,759	\$ 987,884.42	\$ 561.62	.651	\$ 2180.76	\$ 365.34	
COMM HOSP INPATIENT TOTAL	209	704	958,845.87	1362.00	.260	4587.78	354.60	
HSC HOSPITALS	193	649	892,458.67	1375.13	.240	4624.14	330.05	
NON-HSC HOSPITALS TOTAL	16	55	66,387.20	1207.04	.020	4149.20	24.55	
ACCOMMODATIONS	16	55	37,195.70	676.29	.020	2324.73	13.76	
ADMINISTRATIVE DAYS	0	0	215.46CR	.00	.000	.00	.08CR	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	16	55	37,411.16	680.20	.020	2338.20	13.84	
ANCILLARIES	16	0	29,191.50	.00	.000	1824.47	10.80	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	321	1,055	29,038.55	27.52	.390	90.46	10.74	
MEDICAL	75	101	5,134.93	50.84	.037	68.47	1.90	
SURGERY	69	152	4,851.27	31.92	.056	70.31	1.79	
PATHOLOGY	123	394	3,940.47	10.00	.146	32.04	1.46	
RADIOLOGY	121	137	7,402.25	54.03	.051	61.18	2.74	
ROOM USE	83	97	4,518.64	46.58	.036	54.44	1.67	
CROSSOVERS/ALL OTH OUTPTNT	111	174	3,190.99	18.34	.064	28.75	1.18	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00	

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	899	2,586	\$	35,674.00	\$	13.80	.956	\$	39.68	\$	13.19
PATHOLOGY	899	2,586		35,674.00		13.80	.956		39.68		13.19
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,422	12,709	\$	290,204.83	\$	22.83	4.700	\$	204.08	\$	107.32
CLINIC	1,233	11,895		190,624.12		16.03	4.399		154.60		70.50
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	343	814		99,580.71		122.34	.301		290.32		36.83
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 6,108
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49										

						----- MONTHLY AVERAGE -----		
2,704 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	150	483	\$ 15,092.23	\$ 31.25	.179	\$ 100.61	\$ 5.58	
DURABLE MED. EQUIP.	2	4	190.95	47.74	.001	95.48	.07	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	13	140	2,116.90	15.12	.052	162.84	.78	
AMBULANCES/AIR TRANS	13	140	2,116.90	15.12	.052	162.84	.78	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	132	133	12,522.00	94.15	.049	94.86	4.63	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	0	0	.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	3	6	157.62	26.27	.002	52.54	.06	
PROSTHETICS	3	6	157.62	26.27	.002	52.54	.06	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	1	200	104.76	.52	.074	104.76	.04	
@CALIF. CHILDREN SERVICES*	13	219	\$ 97,450.53	\$ 444.98	.081	\$ 7496.19	\$ 36.04	
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 6,109
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76										

44 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	53	201	\$	8,261.74	\$	41.10	4.568	\$	155.88	\$	187.77
@PHYSICIANS SERVICES	14	43	\$	2,368.22	\$	55.07	.977	\$	169.16	\$	53.82
OUTPATIENT VISITS	6	7		473.76		67.68	.159		78.96		10.77
OFFICE VISITS	1	1		24.00		24.00	.023		24.00		.55
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	4	5		348.71		69.74	.114		87.18		7.93
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	1	1		101.05		101.05	.023		101.05		2.30
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	1	4		230.44		57.61	.091		230.44		5.24
HOSPITAL VISITS	1	4		230.44		57.61	.091		230.44		5.24
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	14		315.95		22.57	.318		315.95		7.18
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	14		315.95		22.57	.318		315.95		7.18
OUTPATIENT SURGERY	5	6		826.14		137.69	.136		165.23		18.78
PRINCIPAL SURGEON	5	6		826.14		137.69	.136		165.23		18.78
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	1	3		258.95		86.32	.068		258.95		5.89
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	5	8		218.38		27.30	.182		43.68		4.96
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	1		44.60		44.60	.023		44.60		1.01
@PHARMACY	4	7	\$	507.78	\$	72.54	.159	\$	126.95	\$	11.54
PRESCRIPTION DRUGS	2	3		109.92		36.64	.068		54.96		2.50
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	2	3		109.92		36.64	.068		54.96		2.50
MEDICAL SUPPLIES	2	4		397.86		99.47	.091		198.93		9.04
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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FEE-FOR-SERVICE/DENTAL

01/17/03

SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM

AID CODE 76

----- MONTHLY AVERAGE -----

44 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	8	\$	598.88	\$	74.86	.182	\$	598.88	\$	13.61
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	8	47	\$	1,280.32	\$	27.24	1.068	\$	160.04	\$	29.10
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	8	47		1,280.32		27.24	1.068		160.04		29.10
MEDICAL	4	5		81.15		16.23	.114		20.29		1.84
SURGERY	2	2		81.02		40.51	.045		40.51		1.84
PATHOLOGY	6	18		238.68		13.26	.409		39.78		5.42

RADIOLOGY	4	5	164.70	32.94	.114	41.18	3.74
ROOM USE	5	8	535.30	66.91	.182	107.06	12.17
CROSSOVERS/ALL OTH OUTPTNT	5	9	179.47	19.94	.205	35.89	4.08
@COUNTY HOSPITAL TOTAL	2	17	\$ 474.87	\$ 27.93	.386	\$ 237.44	\$ 10.79
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	17	474.87	27.93	.386	237.44	10.79
MEDICAL	1	1	8.68	8.68	.023	8.68	.20
SURGERY	1	1	49.22	49.22	.023	49.22	1.12
PATHOLOGY	1	7	130.33	18.62	.159	130.33	2.96
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	3	202.34	67.45	.068	202.34	4.60
CROSSOVERS/ALL OTH OUTPTNT	2	5	84.30	16.86	.114	42.15	1.92
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,111
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM						AID CODE 76

44 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	30	\$ 805.45	\$ 26.85	.682	\$ 134.24	\$ 18.31
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	30	805.45	26.85	.682	134.24	18.31
MEDICAL	3	4	72.47	18.12	.091	24.16	1.65
SURGERY	1	1	31.80	31.80	.023	31.80	.72
PATHOLOGY	5	11	108.35	9.85	.250	21.67	2.46
RADIOLOGY	4	5	164.70	32.94	.114	41.18	3.74
ROOM USE	4	5	332.96	66.59	.114	83.24	7.57
CROSSOVERS/ALL OTH OUTPTNT	3	4	95.17	23.79	.091	31.72	2.16
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.000		.00		.00	
ICF DD	0	0		.00		.000		.00		.00	
ICF DDN/DDCN	0	0		.00		.000		.00		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.000		.00		.00	
HEMODIALYSIS CENTER	0	0		.00		.000		.00		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.000		.00		.00	
INDEPENDENT FACILITY	0	0		.00		.000		.00		.00	
@LABORATORY FACILITY	21	49	\$	1,107.51	\$	22.60	1.114	\$	52.74	\$	25.17
PATHOLOGY	21	49		1,107.51		22.60	1.114		52.74		25.17
XO AND OTHERS	0	0		.00		.000		.00		.00	
@ORGANIZED OUTPATIENT CLINIC	20	45	\$	2,270.95	\$	50.47	1.023	\$	113.55	\$	51.61
CLINIC	14	38		1,034.81		27.23	.864		73.92		23.52
SURGICENTER	0	0		.00		.000		.00		.00	
HEROIN DETOX CLINIC	0	0		.00		.000		.00		.00	
RURAL HEALTH CLINIC	7	7		1,236.14		176.59	.159		176.59		28.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 6,112
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM										AID CODE 76

44 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	2	\$ 128.08	\$ 64.04	.045	\$ 128.08	\$ 2.91
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	2	128.08	64.04	.045	128.08	2.91
AMBULANCES/AIR TRANS	1	2	128.08	64.04	.045	128.08	2.91
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	7	\$ 489.39	\$ 69.91	.159	\$ 489.39	\$ 11.12
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

						----- MONTHLY AVERAGE -----			
4,579 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	3,107	25,945	\$	2,029,901.43	\$ 78.24	5.666	\$ 653.33	\$ 443.31	
@PHYSICIANS SERVICES	1,093	3,407	\$	247,789.15	\$ 72.73	.744	\$ 226.71	\$ 54.11	
OUTPATIENT VISITS	354	454		21,051.01	46.37	.099	59.47	4.60	
OFFICE VISITS	119	162		6,118.50	37.77	.035	51.42	1.34	
HOME VISITS	0	0		.00	.00	.000	.00	.00	
EMERGENCY ROOM	213	227		11,469.30	50.53	.050	53.85	2.50	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	23	61		3,373.24	55.30	.013	146.66	.74	
OTHER OUTPATIENT	4	4		89.97	22.49	.001	22.49	.02	
INPATIENT VISITS	77	302		26,422.49	87.49	.066	343.15	5.77	
HOSPITAL VISITS	75	218		11,908.62	54.63	.048	158.78	2.60	
CRITICAL CARE	8	84		14,513.87	172.78	.018	1814.23	3.17	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	16	21		874.97	41.67	.005	54.69	.19	
EXAMINATIONS	16	21		874.97	41.67	.005	54.69	.19	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	266	913		130,861.87	143.33	.199	491.96	28.58	
PRINCIPAL SURGEON	203	213		108,629.30	510.00	.047	535.12	23.72	
ASSISTANT SURGEON	14	14		3,055.42	218.24	.003	218.24	.67	
ANESTHESIOLOGIST	70	686		19,177.15	27.96	.150	273.96	4.19	
OUTPATIENT SURGERY	172	329		13,626.01	41.42	.072	79.22	2.98	
PRINCIPAL SURGEON	163	297		12,528.25	42.18	.065	76.86	2.74	
ASSISTANT SURGEON	1	1		139.88	139.88	.000	139.88	.03	
ANESTHESIOLOGIST	9	31		957.88	30.90	.007	106.43	.21	
DIALYSIS	3	10		1,012.83	101.28	.002	337.61	.22	
PATHOLOGY	21	35		230.67	6.59	.008	10.98	.05	
RADIOLOGY	474	607		21,372.31	35.21	.133	45.09	4.67	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	6	18		142.83	7.94	.004	23.81	.03	
OTHER SERVICES/ALL X-OVERS	228	718		32,194.16	44.84	.157	141.20	7.03	
@PHARMACY	940	2,230	\$	65,782.70	\$ 29.50	.487	\$ 69.98	\$ 14.37	
PRESCRIPTION DRUGS	883	1,904		42,231.01	22.18	.416	47.83	9.22	
SNF/ICF	2	2		2,499.86	1249.93	.000	1249.93	.55	
OUTPATIENTS	882	1,902		39,731.15	20.89	.415	45.05	8.68	
MEDICAL SUPPLIES	139	326		23,551.69	72.24	.071	169.44	5.14	
@DENTIST	13	22	\$	298.75	\$ 13.58	.005	\$ 22.98	\$.07	
VISITS - DIAGNOSTIC	11	15		168.75	11.25	.003	15.34	.04	
ORAL SURGERY	4	4		130.00	32.50	.001	32.50	.03	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	1	1		.00	.00	.000	.00	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00	
PROSTHETICS	1	1		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	1	1		.00	.00	.000	.00	.00	

4,579 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG		COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0			0	\$	.00	\$.00	.000	\$	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0			0		.00	.00	.000		.00	.00
EYE APPLIANCES	0			0		.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0			0		.00	.00	.000		.00	.00
@CHIROPRACTOR	0			0	\$	.00	\$.00	.000	\$	.00	\$.00
VISITS	0			0		.00	.00	.000		.00	.00
OTHER SERVICES	0			0		.00	.00	.000		.00	.00
@PODIATRIST	0			0	\$	.00	\$.00	.000	\$	.00	\$.00
MEDICINE/INJECTIONS	0			0		.00	.00	.000		.00	.00
SURGERY/ANES.	0			0		.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0			0		.00	.00	.000		.00	.00
OTHER	0			0		.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	146			252	\$	13,636.92	\$ 54.11	.055	\$	93.40	\$ 2.98
NURSE ANESTHESIST	0			0	\$	.00	\$.00	.000	\$	.00	\$.00
NURSE MIDWIFE	11			166	\$	2,865.57	\$ 17.26	.036	\$	260.51	\$.63
PEDIATRIC NURSE PRACTITIONER	0			0	\$	.00	\$.00	.000	\$	.00	\$.00
FAMILY NURSE PRACTITIONER	0			0	\$	.00	\$.00	.000	\$	.00	\$.00
@TOTAL HOSPITAL	673			2,622	\$	1,215,453.64	\$ 463.56	.573	\$	1806.02	\$ 265.44
HOSP INPATIENT TOTAL	244			839		1,161,274.72	1384.12	.183		4759.32	253.61
HSC HOSPITALS	226			780		1,090,363.67	1397.90	.170		4824.62	238.12
NON-HSC HOSPITAL TOTAL	18			59		70,911.05	1201.88	.013		3939.50	15.49
ACCOMMODATIONS	18			59		40,116.01	679.93	.013		2228.67	8.76
ADMINISTRATIVE DAYS	0			0		215.46CR	.00	.000		.00	.05CR
TRANSITIONAL IP CARE	0			0		.00	.00	.000		.00	.00
ALL OTHER ACCOM	18			59		40,331.47	683.58	.013		2240.64	8.81
ANCILLARIES	17			0		30,795.04	.00	.000		1811.47	6.73
INPATIENT CROSSOVERS	0			0		.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0			0		.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	518			1,783		54,178.92	30.39	.389		104.59	11.83
MEDICAL	163			230		11,380.57	49.48	.050		69.82	2.49
SURGERY	85			172		5,615.88	32.65	.038		66.07	1.23
PATHOLOGY	189			705		7,215.83	10.24	.154		38.18	1.58
RADIOLOGY	173			199		14,774.76	74.25	.043		85.40	3.23
ROOM USE	184			224		10,449.04	46.65	.049		56.79	2.28
CROSSOVERS/ALL OTH OUTPTNT	162			253		4,742.84	18.75	.055		29.28	1.04
@COUNTY HOSPITAL TOTAL	10			93	\$	2,649.83	\$ 28.49	.020	\$	264.98	\$.58
CO HOSPITAL INPATIENT TOTAL	0			0		.00	.00	.000		.00	.00
HSC HOSPITALS	0			0		.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0			0		.00	.00	.000		.00	.00
ACCOMMODATIONS	0			0		.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0			0		.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0			0		.00	.00	.000		.00	.00
ALL OTHER ACCOM	0			0		.00	.00	.000		.00	.00
ANCILLARIES	0			0		.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0			0		.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0			0		.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	10			93		2,649.83	28.49	.020		264.98	.58
MEDICAL	3			3		24.49	8.16	.001		8.16	.01
SURGERY	7			9		307.44	34.16	.002		43.92	.07
PATHOLOGY	8			39		800.68	20.53	.009		100.09	.17

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	8	17	1,219.53	71.74	.004	152.44	.27
CROSSOVERS/ALL OTH OUTPTNT	8	25	297.69	11.91	.005	37.21	.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,115
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76						
----- MONTHLY AVERAGE -----							
4,579 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	664	2,529	\$ 1,212,803.81	\$ 479.56	.552	\$ 1826.51	\$ 264.86
COMM HOSP INPATIENT TOTAL	244	839	1,161,274.72	1384.12	.183	4759.32	253.61
HSC HOSPITALS	226	780	1,090,363.67	1397.90	.170	4824.62	238.12
NON-HSC HOSPITALS TOTAL	18	59	70,911.05	1201.88	.013	3939.50	15.49
ACCOMMODATIONS	18	59	40,116.01	679.93	.013	2228.67	8.76
ADMINISTRATIVE DAYS	0	0	215.46CR	.00	.000	.00	.05CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	59	40,331.47	683.58	.013	2240.64	8.81
ANCILLARIES	17	0	30,795.04	.00	.000	1811.47	6.73
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	509	1,690	51,529.09	30.49	.369	101.24	11.25
MEDICAL	161	227	11,356.08	50.03	.050	70.53	2.48
SURGERY	78	163	5,308.44	32.57	.036	68.06	1.16
PATHOLOGY	181	666	6,415.15	9.63	.145	35.44	1.40
RADIOLOGY	173	199	14,774.76	74.25	.043	85.40	3.23
ROOM USE	176	207	9,229.51	44.59	.045	52.44	2.02
CROSSOVERS/ALL OTH OUTPTNT	154	228	4,445.15	19.50	.050	28.86	.97
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	14	\$ 234.51	\$ 16.75	.003	\$ 234.51	\$.05
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	1	14	234.51	16.75	.003	234.51	.05
@LABORATORY FACILITY	961	2,712	\$ 37,687.04	\$ 13.90	.592	\$ 39.22	\$ 8.23
PATHOLOGY	961	2,712	37,687.04	13.90	.592	39.22	8.23
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2,009	13,881	\$ 427,659.70	\$ 30.81	3.031	\$ 212.87	\$ 93.40
CLINIC	1,248	11,934	191,691.55	16.06	2.606	153.60	41.86
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	916	1,947	235,968.15	121.20	.425	257.61	51.53
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
MOP024	FEE-FOR-SERVICE/DENTAL						
MARIN COUNTY	SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76						

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	4,579 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	177	639	\$	18,493.45	\$ 28.94	.140	\$ 104.48	\$ 4.04
DURABLE MED. EQUIP.	11	18		959.28	53.29	.004	87.21	.21
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	22	266		3,385.86	12.73	.058	153.90	.74
AMBULANCES/AIR TRANS	22	266		3,385.86	12.73	.058	153.90	.74
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	135	136		12,673.00	93.18	.030	93.87	2.77
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	9	19		1,370.55	72.13	.004	152.28	.30
PROSTHETICS	9	19		1,370.55	72.13	.004	152.28	.30
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	1	200		104.76		.52	.044	104.76	.02
@CALIF. CHILDREN SERVICES*	55	633	\$	250,022.54	\$	394.98	.138	\$ 4545.86	\$ 54.60
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,117
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED	AID CODE 16

497 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	342	2,169	\$ 106,906.63	\$ 49.29	4.364	\$ 312.59	\$ 215.10
@PHYSICIANS SERVICES	58	151	\$ 2,001.25	\$ 13.25	.304	\$ 34.50	\$ 4.03
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	58	151	2,001.25	13.25	.304	34.50	4.03
@PHARMACY	287	1,066	\$ 60,756.30	\$ 56.99	2.145	\$ 211.69	\$ 122.25
PRESCRIPTION DRUGS	285	884	60,404.54	68.33	1.779	211.95	121.54
SNF/ICF	1	15	555.04	37.00	.030	555.04	1.12
OUTPATIENTS	285	869	59,849.50	68.87	1.748	210.00	120.42
MEDICAL SUPPLIES	6	182	351.76	1.93	.366	58.63	.71
@DENTIST	23	77	\$ 3,569.00	\$ 46.35	.155	\$ 155.17	\$ 7.18
VISITS - DIAGNOSTIC	12	51	725.00	14.22	.103	60.42	1.46
ORAL SURGERY	2	2	90.00	45.00	.004	45.00	.18
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	3	590.00	196.67	.006	295.00	1.19
RESTORATIVE DENTISTRY	8	15	1,254.00	83.60	.030	156.75	2.52
PROSTHETICS	2	2	60.00	30.00	.004	30.00	.12

DENTURES, STAYPLATES	2	4	850.00	212.50	.008	425.00	1.71
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002					PAGE 6,118	
MOP024	FEE-FOR-SERVICE/DENTAL					01/17/03	
MARIN COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED					AID CODE 16	
					----- MONTHLY AVERAGE -----		
497 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	4 \$	36.33	\$ 9.08	.008	\$ 9.08	\$.07
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	4	36.33	9.08	.008	9.08	.07
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	42	192 \$	6,441.77	\$ 33.55	.386	\$ 153.38	\$ 12.96
HOSP INPATIENT TOTAL	3	9	2,141.27	237.92	.018	713.76	4.31
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	9	2,141.27	237.92	.018	713.76	4.31
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	41	183	4,300.50	23.50	.368	104.89	8.65
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	41	183	4,300.50	23.50	.368	104.89	8.65
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,119
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

497 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	42	192	\$ 6,441.77	\$ 33.55	.386	\$ 153.38	\$ 12.96
COMM HOSP INPATIENT TOTAL	3	9	2,141.27	237.92	.018	713.76	4.31
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	9	2,141.27	237.92	.018	713.76	4.31
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	41	183	4,300.50	23.50	.368	104.89	8.65
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	41	183	4,300.50	23.50	.368	104.89	8.65
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	14	\$ 1,835.12	\$ 131.08	.028	\$ 1835.12	\$ 3.69
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	14	1,835.12	131.08	.028	1835.12	3.69
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	7	\$ 41.33	\$ 5.90	.014	\$ 10.33	\$.08
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	4	7	41.33	5.90	.014	10.33	.08

@ORGANIZED OUTPATIENT CLINIC	13	17	\$	985.53	\$	57.97	.034	\$	75.81	\$	1.98
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	2	2		410.66		205.33	.004		205.33		.83
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	11	15		574.87		38.32	.030		52.26		1.16

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,120
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

497 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	81	641	\$ 31,240.00	\$ 48.74	1.290	\$ 385.68	\$ 62.86
DURABLE MED. EQUIP.	3	4	221.88	55.47	.008	73.96	.45
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	7	1,667.10	238.16	.014	333.42	3.35
MEDICAL TRANSPORTATION	3	14	157.69	11.26	.028	52.56	.32
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	2	10	45.70	4.57	.020	22.85	.09
OTHER SERVICES	1	4	111.99	28.00	.008	111.99	.23
ACUPUNCTURE	1	2	43.25	21.63	.004	43.25	.09
ADULT DAY HEALTH CARE CTR	10	211	13,832.73	65.56	.425	1383.27	27.83
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	37	151	11,661.47	77.23	.304	315.17	23.46
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	10	27	371.45	13.76	.054	37.15	.75
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.65	.65	.002	.65	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	2	26		2,723.76	104.76	.052	1361.88	5.48
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	24	198		560.02	2.83	.398	23.33	1.13
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	113	426	\$	9,770.52	\$ 22.94	.857	\$ 86.46	\$ 19.66

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,121
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND	AID CODES 26 6A	

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	11	77	\$ 3,063.17	\$ 39.78	8.556	\$ 278.47	\$ 340.35
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	10	40	\$ 2,294.27	\$ 57.36	4.444	\$ 229.43	\$ 254.92
PRESCRIPTION DRUGS	10	40	2,294.27	57.36	4.444	229.43	254.92
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	10	40	2,294.27	57.36	4.444	229.43	254.92
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	2	26	\$ 646.00	\$ 24.85	2.889	\$ 323.00	\$ 71.78
VISITS - DIAGNOSTIC	1	14	98.00	7.00	1.556	98.00	10.89
ORAL SURGERY	1	2	83.00	41.50	.222	83.00	9.22

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	7	385.00	55.00	.778	192.50	42.78
PROSTHETICS	1	1	30.00	30.00	.111	30.00	3.33
DENTURES, STAYPLATES	1	1	50.00	50.00	.111	50.00	5.56
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.111	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2	8	\$ 39.11	\$ 4.89	.889	\$ 19.56	\$ 4.35
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	8	39.11	4.89	.889	19.56	4.35
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	8	39.11	4.89	.889	19.56	4.35
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,123
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND						AID CODES 26 6A
					----- MONTHLY AVERAGE -----		
09 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	8	\$ 39.11	\$ 4.89	.889	\$ 19.56	\$ 4.35
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	8	39.11	4.89	.889	19.56	4.35
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	8	39.11	4.89	.889	19.56	4.35
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	3	\$	83.79	\$	27.93	.333	\$	41.90	\$	9.31
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2	3		83.79		27.93	.333		41.90		9.31

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

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09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2	8	\$ 39.11	\$ 4.89	.889	\$ 19.56	\$ 4.35

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

PAGE 6,125 01/17/03

1,245 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE

@TOTAL, ALL PROVIDERS	1,019	18,657	\$	778,359.72	\$	41.72	14.986	\$	763.85	\$	625.19
@PHYSICIANS SERVICES	139	241	\$	4,055.16	\$	16.83	.194	\$	29.17	\$	3.26
OUTPATIENT VISITS	1	1		28.13		28.13	.001		28.13		.02
OFFICE VISITS	1	1		28.13		28.13	.001		28.13		.02
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		57.79		57.79	.001		57.79		.05
EXAMINATIONS	1	1		57.79		57.79	.001		57.79		.05
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		6.06		6.06	.001		6.06		.00
RADIOLOGY	1	1		16.39		16.39	.001		16.39		.01
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	135	237		3,946.79		16.65	.190		29.24		3.17
@PHARMACY	898	11,010	\$	646,851.72	\$	58.75	8.843	\$	720.32	\$	519.56
PRESCRIPTION DRUGS	881	4,337		608,177.15		140.23	3.484		690.33		488.50

SNF/ICF	9	49	8,352.14	170.45	.039	928.02	6.71
OUTPATIENTS	875	4,288	599,825.01	139.88	3.444	685.51	481.79
MEDICAL SUPPLIES	75	6,673	38,674.57	5.80	5.360	515.66	31.06
@DENTIST	150	431	\$ 22,532.75	\$ 52.28	.346	\$ 150.22	\$ 18.10
VISITS - DIAGNOSTIC	91	240	4,044.68	16.85	.193	44.45	3.25
ORAL SURGERY	24	44	2,317.00	52.66	.035	96.54	1.86
DRUGS	3	3	.00	.00	.002	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	5	6	1,055.00	175.83	.005	211.00	.85
ENDODONTICS	9	15	3,615.00	241.00	.012	401.67	2.90
RESTORATIVE DENTISTRY	48	109	9,713.00	89.11	.088	202.35	7.80
PROSTHETICS	2	2	80.00	40.00	.002	40.00	.06
DENTURES, STAYPLATES	6	10	1,610.00	161.00	.008	268.33	1.29
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	98.07	98.07	.001	98.07	.08
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

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1,245 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	11	27	\$ 633.90	\$ 23.48	.022	\$ 57.63	\$.51
DIAGNOSTIC AND ANC. PROCED	7	7	332.15	47.45	.006	47.45	.27
EYE APPLIANCES	7	20	301.75	15.09	.016	43.11	.24
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	7	9	\$ 91.23	\$ 10.14	.007	\$ 13.03	\$.07
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	7	9	91.23	10.14	.007	13.03	.07
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	105	517	\$ 20,744.90	\$ 40.13	.415	\$ 197.57	\$ 16.66
HOSP INPATIENT TOTAL	18	80	11,965.69	149.57	.064	664.76	9.61
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	18	80	11,965.69	149.57	.064	664.76	9.61
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	95	437	8,779.21	20.09	.351	92.41	7.05
MEDICAL	2	2	.00	.00	.002	.00	.00
SURGERY	2	2	103.57	51.79	.002	51.79	.08
PATHOLOGY	1	1	46.48	46.48	.001	46.48	.04

RADIOLOGY	1	1	44.69	44.69	.001	44.69	.04
ROOM USE	3	13	487.80	37.52	.010	162.60	.39
CROSSOVERS/ALL OTH OUTPTNT	89	418	8,096.67	19.37	.336	90.97	6.50
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
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					----- MONTHLY AVERAGE -----			
1,245 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	105	517	\$ 20,744.90	\$ 40.13	.415	\$ 197.57	\$ 16.66	
COMM HOSP INPATIENT TOTAL	18	80	11,965.69	149.57	.064	664.76	9.61	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	18	80	11,965.69	149.57	.064	664.76	9.61	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	95	437	8,779.21	20.09	.351	92.41	7.05	
MEDICAL	2	2	.00	.00	.002	.00	.00	
SURGERY	2	2	103.57	51.79	.002	51.79	.08	
PATHOLOGY	1	1	46.48	46.48	.001	46.48	.04	
RADIOLOGY	1	1	44.69	44.69	.001	44.69	.04	
ROOM USE	3	13	487.80	37.52	.010	162.60	.39	
CROSSOVERS/ALL OTH OUTPTNT	89	418	8,096.67	19.37	.336	90.97	6.50	
@STATE HOSPITAL	1	2	\$ 961.06	\$ 480.53	.002	\$ 961.06	\$.77	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	1	2	961.06	480.53	.002	961.06	.77	
@NURSING FACILITY	7	320	\$ 36,243.01	\$ 113.26	.257	\$ 5177.57	\$ 29.11	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	6	320	34,923.51	109.14	.257	5820.59	28.05	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	1	0	1,319.50	.00	.000	1319.50	1.06	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	3CR	\$.00	\$.00	.002CR\$	.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	3CR	.00	.00	.002CR	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	6	35	\$ 474.09	\$ 13.55	.028	\$ 79.02	\$.38
PATHOLOGY	6	35	474.09	13.55	.028	79.02	.38
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	71	125	\$ 4,222.54	\$ 33.78	.100	\$ 59.47	\$ 3.39
CLINIC	9	33	638.37	19.34	.027	70.93	.51
SURGICENTER	1	1	205.33	205.33	.001	205.33	.16
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	62	91	3,378.84	37.13	.073	54.50	2.71
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
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1,245 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	184	5,943	\$ 41,549.36	\$ 6.99	4.773	\$ 225.81	\$ 33.37
DURABLE MED. EQUIP.	6	16	749.71	46.86	.013	124.95	.60
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	31	164	1,709.57	10.42	.132	55.15	1.37
AMBULANCES/AIR TRANS	2	15	284.03	18.94	.012	142.02	.23
OTHER TRANS	2	294CR	590.29CR	2.01	.236CR	295.15CR	.47CR
OTHER SERVICES	29	443	2,015.83	4.55	.356	69.51	1.62
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	24	358	23,896.43	66.75	.288	995.68	19.19
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	24	66	857.18	12.99	.053	35.72	.69
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	9	77.13	8.57	.007	77.13	.06
SPEECH AND AUDIOLOGY	46	180	6,880.65	38.23	.145	149.58	5.53
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	65	5,150	7,378.69	1.43	4.137	113.52	5.93
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	260	2,724	\$ 55,056.67	\$ 20.21	2.188	\$ 211.76	\$ 44.22

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000		\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000		\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000		\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	0	0	.00	.00	.000		.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000		.00	.00
@DENTIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000		.00	.00
ORAL SURGERY	0	0	.00	.00	.000		.00	.00
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	0	0	.00	.00	.000		.00	.00
ENDODONTICS	0	0	.00	.00	.000		.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000		.00	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000		.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000		.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$	.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000		.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$	.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,132
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00
PROSTHETICS	0	0	.00	.00	.000 .00 .00
ORTHOTICS	0	0	.00	.00	.000 .00 .00
PSYCHOLOGIST	0	0	.00	.00	.000 .00 .00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000 .00 .00
HOSPICE SERVICES	0	0	.00	.00	.000 .00 .00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000 .00 .00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000 .00 .00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000 .00 .00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000 .00 .00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000 .00 .00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

PAGE 6,133

01/17/03

1,751 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,372	20,903	\$ 888,329.52	\$ 42.50	11.938	\$ 647.47	\$ 507.33
@PHYSICIANS SERVICES	197	392	\$ 6,056.41	\$ 15.45	.224	\$ 30.74	\$ 3.46
OUTPATIENT VISITS	1	1	28.13	28.13	.001	28.13	.02
OFFICE VISITS	1	1	28.13	28.13	.001	28.13	.02
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.001	57.79	.03
EXAMINATIONS	1	1	57.79	57.79	.001	57.79	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	6.06	6.06	.001	6.06	.00
RADIOLOGY	1	1	16.39	16.39	.001	16.39	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	193	388	5,948.04	15.33	.222	30.82	3.40
@PHARMACY	1,195	12,116	\$ 709,902.29	\$ 58.59	6.919	\$ 594.06	\$ 405.43
PRESCRIPTION DRUGS	1,176	5,261	670,875.96	127.52	3.005	570.47	383.14
SNF/ICF	10	64	8,907.18	139.17	.037	890.72	5.09
OUTPATIENTS	1,170	5,197	661,968.78	127.38	2.968	565.79	378.05
MEDICAL SUPPLIES	81	6,855	39,026.33	5.69	3.915	481.81	22.29
@DENTIST	175	534	\$ 26,747.75	\$ 50.09	.305	\$ 152.84	\$ 15.28
VISITS - DIAGNOSTIC	104	305	4,867.68	15.96	.174	46.80	2.78
ORAL SURGERY	27	48	2,490.00	51.88	.027	92.22	1.42
DRUGS	3	3	.00	.00	.002	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	5	6	1,055.00	175.83	.003	211.00	.60
ENDODONTICS	11	18	4,205.00	233.61	.010	382.27	2.40
RESTORATIVE DENTISTRY	58	131	11,352.00	86.66	.075	195.72	6.48
PROSTHETICS	5	5	170.00	34.00	.003	34.00	.10

DENTURES, STAYPLATES	9	15	2,510.00	167.33	.009	278.89	1.43
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	98.07	98.07	.001	98.07	.06
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	2	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREGARD

PAGE 6,134 01/17/03

1,751 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	11	27	\$ 633.90	\$ 23.48	.015	\$ 57.63	\$.36
DIAGNOSTIC AND ANC. PROCED	7	7	332.15	47.45	.004	47.45	.19
EYE APPLIANCES	7	20	301.75	15.09	.011	43.11	.17
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	11	13	\$ 127.56	\$ 9.81	.007	\$ 11.60	\$.07
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	11	13	127.56	9.81	.007	11.60	.07
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	149	717	\$ 27,225.78	\$ 37.97	.409	\$ 182.72	\$ 15.55
HOSP INPATIENT TOTAL	21	89	14,106.96	158.51	.051	671.76	8.06
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	21	89	14,106.96	158.51	.051	671.76	8.06
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	138	628	13,118.82	20.89	.359	95.06	7.49
MEDICAL	2	2	.00	.00	.001	.00	.00
SURGERY	2	2	103.57	51.79	.001	51.79	.06
PATHOLOGY	1	1	46.48	46.48	.001	46.48	.03
RADIOLOGY	1	1	44.69	44.69	.001	44.69	.03
ROOM USE	3	13	487.80	37.52	.007	162.60	.28
CROSSOVERS/ALL OTH OUTPTNT	132	609	12,436.28	20.42	.348	94.21	7.10
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,135
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

	1,751 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	149		717	\$ 27,225.78	\$ 37.97	.409	\$ 182.72	\$ 15.55
COMM HOSP INPATIENT TOTAL	21		89	14,106.96	158.51	.051	671.76	8.06
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	21		89	14,106.96	158.51	.051	671.76	8.06
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	138		628	13,118.82	20.89	.359	95.06	7.49
MEDICAL	2		2	.00	.00	.001	.00	.00
SURGERY	2		2	103.57	51.79	.001	51.79	.06
PATHOLOGY	1		1	46.48	46.48	.001	46.48	.03
RADIOLOGY	1		1	44.69	44.69	.001	44.69	.03
ROOM USE	3		13	487.80	37.52	.007	162.60	.28

CROSSOVERS/ALL OTH OUTPTNT	132	609		12,436.28		20.42	.348	94.21	7.10
@STATE HOSPITAL	1	2	\$	961.06	\$	480.53	.001	\$ 961.06	\$.55
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	1	2		961.06		480.53	.001	961.06	.55
@NURSING FACILITY	8	334	\$	38,078.13	\$	114.01	.191	\$ 4759.77	\$ 21.75
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	6	320		34,923.51		109.14	.183	5820.59	19.94
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	2	14		3,154.62		225.33	.008	1577.31	1.80
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	3CR	\$	.00	\$	.00	.002CR	.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	3CR		.00		.00	.002CR	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	10	42	\$	515.42	\$	12.27	.024	\$ 51.54	\$.29
PATHOLOGY	6	35		474.09		13.55	.020	79.02	.27
XO AND OTHERS	4	7		41.33		5.90	.004	10.33	.02
@ORGANIZED OUTPATIENT CLINIC	86	145	\$	5,291.86	\$	36.50	.083	\$ 61.53	\$ 3.02
CLINIC	9	33		638.37		19.34	.019	70.93	.36
SURGICENTER	3	3		615.99		205.33	.002	205.33	.35
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	75	109		4,037.50		37.04	.062	53.83	2.31

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREGARD

PAGE 6,136 01/17/03

	1,751 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	265	6,584	\$	72,789.36	\$ 11.06	3.760	\$ 274.68	\$ 41.57
DURABLE MED. EQUIP.	9	20		971.59	48.58	.011	107.95	.55
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	7		1,667.10	238.16	.004	333.42	.95
MEDICAL TRANSPORTATION	34	178		1,867.26	10.49	.102	54.92	1.07
AMBULANCES/AIR TRANS	2	15		284.03	18.94	.009	142.02	.16
OTHER TRANS	4	284CR		544.59CR	1.92	.162CR	136.15CR	.31CR
OTHER SERVICES	30	447		2,127.82	4.76	.255	70.93	1.22
ACUPUNCTURE	1	2		43.25	21.63	.001	43.25	.02
ADULT DAY HEALTH CARE CTR	34	569		37,729.16	66.31	.325	1109.68	21.55
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	37	151		11,661.47	77.23	.086	315.17	6.66
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	34	93		1,228.63	13.21	.053	36.14	.70
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1		.65	.65	.001	.65	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	1	9		77.13	8.57	.005	77.13	.04
SPEECH AND AUDIOLOGY	46	180		6,880.65	38.23	.103	149.58	3.93

HOSPICE SERVICES	2	26		2,723.76	104.76	.015	1361.88	1.56
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	89	5,348		7,938.71	1.48	3.054	89.20	4.53
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	375	3,158	\$	64,866.30	\$ 20.54	1.804	\$ 172.98	\$ 37.05

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,137
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED	AID CODE 18

918 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	721	21,724	\$ 401,940.71	\$ 18.50	23.664	\$ 557.48	\$ 437.84
@PHYSICIANS SERVICES	121	263	\$ 4,936.65	\$ 18.77	.286	\$ 40.80	\$ 5.38
OUTPATIENT VISITS	19	23	741.63	32.24	.025	39.03	.81
OFFICE VISITS	18	22	633.55	28.80	.024	35.20	.69
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.001	108.08	.12
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	1	86.25	86.25	.001	86.25	.09
HOSPITAL VISITS	1	1	86.25	86.25	.001	86.25	.09
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.001	57.79	.06
EXAMINATIONS	1	1	57.79	57.79	.001	57.79	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	3	9.72	3.24	.003	3.24	.01
RADIOLOGY	5	7	273.87	39.12	.008	54.77	.30
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	13.76	13.76	.001	13.76	.01
OTHER SERVICES/ALL X-OVERS	98	227	3,753.63	16.54	.247	38.30	4.09
@PHARMACY	551	13,222	\$ 121,340.14	\$ 9.18	14.403	\$ 220.22	\$ 132.18
PRESCRIPTION DRUGS	500	1,811	100,381.68	55.43	1.973	200.76	109.35
SNF/ICF	15	50	1,466.28	29.33	.054	97.75	1.60
OUTPATIENTS	489	1,761	98,915.40	56.17	1.918	202.28	107.75
MEDICAL SUPPLIES	184	11,411	20,958.46	1.84	12.430	113.90	22.83
@DENTIST	30	71	\$ 2,797.00	\$ 39.39	.077	\$ 93.23	\$ 3.05
VISITS - DIAGNOSTIC	20	52	837.00	16.10	.057	41.85	.91
ORAL SURGERY	3	3	175.00	58.33	.003	58.33	.19

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	7	9	585.00	65.00	.010	83.57	.64
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	5	7	1,200.00	171.43	.008	240.00	1.31
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,138
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

918 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	16	\$ 288.57	\$ 18.04	.017	\$ 72.14	\$.31
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.002	47.45	.10
EYE APPLIANCES	3	12	191.92	15.99	.013	63.97	.21
OTHER OPTOMETRIC SERVICES	1	2	1.75	.88	.002	1.75	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	11	16	\$ 134.92	\$ 8.43	.017	\$ 12.27	\$.15
MEDICINE/INJECTIONS	1	1	21.40	21.40	.001	21.40	.02
SURGERY/ANES.	1	1	13.00	13.00	.001	13.00	.01
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	10	14	100.52	7.18	.015	10.05	.11
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	86	384	\$ 19,429.63	\$ 50.60	.418	\$ 225.93	\$ 21.17
HOSP INPATIENT TOTAL	16	83	13,245.06	159.58	.090	827.82	14.43
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	16	83	13,245.06	159.58	.090	827.82	14.43
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	75	301	6,184.57	20.55	.328	82.46	6.74
MEDICAL	4	6	250.13	41.69	.007	62.53	.27
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	8	119.24	14.91	.009	39.75	.13
RADIOLOGY	2	2	88.28	44.14	.002	44.14	.10
ROOM USE	1	1	.00	.00	.001	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	68	284	5,726.92	20.17	.309	84.22	6.24
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

918 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	86	384	\$ 19,429.63	\$ 50.60	.418	\$ 225.93	\$ 21.17
COMM HOSP INPATIENT TOTAL	16	83	13,245.06	159.58	.090	827.82	14.43
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	16	83	13,245.06	159.58	.090	827.82	14.43
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	75	301	6,184.57	20.55	.328	82.46	6.74
MEDICAL	4	6	250.13	41.69	.007	62.53	.27
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	8	119.24	14.91	.009	39.75	.13
RADIOLOGY	2	2	88.28	44.14	.002	44.14	.10
ROOM USE	1	1	.00	.00	.001	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	68	284	5,726.92	20.17	.309	84.22	6.24
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	21	402	\$ 67,143.54	\$ 167.02	.438	\$ 3197.31	\$ 73.14
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	21	402	67,143.54	167.02	.438	3197.31	73.14
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	48	\$	419.91	\$	8.75	.052	\$	83.98	\$	.46
PATHOLOGY	5	48		419.91		8.75	.052		83.98		.46
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	15	21	\$	596.81	\$	28.42	.023	\$	39.79	\$	.65
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	15	21		596.81		28.42	.023		39.79		.65

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED

AID CODE 18

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918 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	363	7,281	\$ 184,853.54	\$ 25.39	7.931	\$ 509.24	\$ 201.37
DURABLE MED. EQUIP.	10	14	576.70	41.19	.015	57.67	.63
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	11	1,613.45	146.68	.012	230.49	1.76
MEDICAL TRANSPORTATION	36	283	2,452.07	8.66	.308	68.11	2.67
AMBULANCES/AIR TRANS	2	13	253.81	19.52	.014	126.91	.28
OTHER TRANS	4	31	127.20	4.10	.034	31.80	.14
OTHER SERVICES	31	239	2,071.06	8.67	.260	66.81	2.26
ACUPUNCTURE	7	26	454.15	17.47	.028	64.88	.49
ADULT DAY HEALTH CARE CTR	106	1,377	92,004.04	66.81	1.500	867.96	100.22
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	184	1,219	78,665.27	64.53	1.328	427.53	85.69
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	15	40	514.46	12.86	.044	34.30	.56
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	45.98	22.99	.002	45.98	.05
PROSTHETICS	1	2	45.98	22.99	.002	45.98	.05
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	98.10	49.05	.002	98.10	.11
HOSPICE SERVICES	1	18	2,599.40	144.41	.020	2599.40	2.83
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	68	4,289	5,829.92	1.36	4.672	85.73	6.35
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	212	3,166	\$ 39,913.45	\$ 12.61	3.449	\$ 188.27	\$ 43.48

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,141
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	11	23	\$ 105.32	\$ 4.58	1.917	\$ 9.57	\$ 8.78
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	11	23	\$ 105.32	\$ 4.58	1.917	\$ 9.57	\$ 8.78
PRESCRIPTION DRUGS	11	23	105.32	4.58	1.917	9.57	8.78

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	11	23	105.32	4.58	1.917	9.57	8.78
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND

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12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND

AID CODE 28

PAGE 6,143

01/17/03

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,144
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND						AID CODE 28

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

785 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE 68				
				----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	662	37,571	\$ 615,563.23	\$ 16.38	47.861	\$ 929.85	\$ 784.16	
@PHYSICIANS SERVICES	122	456	\$ 16,511.52	\$ 36.21	.581	\$ 135.34	\$ 21.03	
OUTPATIENT VISITS	25	40	1,660.05	41.50	.051	66.40	2.11	
OFFICE VISITS	15	19	504.43	26.55	.024	33.63	.64	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	9	16	1,006.10	62.88	.020	111.79	1.28	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	5	5	149.52	29.90	.006	29.90	.19	
INPATIENT VISITS	14	41	1,935.98	47.22	.052	138.28	2.47	
HOSPITAL VISITS	14	39	1,800.68	46.17	.050	128.62	2.29	
CRITICAL CARE	1	1	121.60	121.60	.001	121.60	.15	
SNF/ICF/TRANS IP CARE	1	1	13.70	13.70	.001	13.70	.02	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	9	69	6,493.00	94.10	.088	721.44	8.27	
PRINCIPAL SURGEON	7	9	4,211.81	467.98	.011	601.69	5.37	
ASSISTANT SURGEON	1	2	450.48	225.24	.003	450.48	.57	
ANESTHESIOLOGIST	4	58	1,830.71	31.56	.074	457.68	2.33	
OUTPATIENT SURGERY	3	22	769.24	34.97	.028	256.41	.98	
PRINCIPAL SURGEON	1	3	291.27	97.09	.004	291.27	.37	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	2	19	477.97	25.16	.024	238.99	.61	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	7	8	92.39	11.55	.010	13.20	.12	

RADIOLOGY	18	62		1,656.32		26.71	.079	92.02	2.11	
PSYCHIATRY	0	0		.00		.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	94	214		3,904.54		18.25	.273	41.54	4.97	
@PHARMACY	576	24,964	\$	381,919.64	\$	15.30	31.801	\$ 663.05	\$ 486.52	
PRESCRIPTION DRUGS	551	2,698		356,652.38		132.19	3.437	647.28	454.33	
SNF/ICF	33	299		92,859.28		310.57	.381	2813.92	118.29	
OUTPATIENTS	526	2,399		263,793.10		109.96	3.056	501.51	336.04	
MEDICAL SUPPLIES	183	22,266		25,267.26		1.13	28.364	138.07	32.19	
@DENTIST	55	206	\$	10,441.75	\$	50.69	.262	\$ 189.85	\$ 13.30	
VISITS - DIAGNOSTIC	36	115		2,211.75		19.23	.146	61.44	2.82	
ORAL SURGERY	5	12		759.00		63.25	.015	151.80	.97	
DRUGS	0	0		.00		.00	.000	.00	.00	
ANESTHESIA	0	0		.00		.00	.000	.00	.00	
PERIODONTICS	3	4		800.00		200.00	.005	266.67	1.02	
ENDODONTICS	2	2		520.00		260.00	.003	260.00	.66	
RESTORATIVE DENTISTRY	26	65		5,196.00		79.94	.083	199.85	6.62	
PROSTHETICS	1	1		50.00		50.00	.001	50.00	.06	
DENTURES, STAYPLATES	3	4		755.00		188.75	.005	251.67	.96	
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	1	2		150.00		75.00	.003	150.00	.19	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00	
ALL OTHER SERVICES	1	1		.00		.00	.001	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002									PAGE 6,146
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED									AID CODE 68

785 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	3	\$ 79.53	\$ 26.51	.004	\$ 39.77	\$.10
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.001	47.45	.06
EYE APPLIANCES	1	2	32.08	16.04	.003	32.08	.04
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	11	24	\$ 393.96	\$ 16.42	.031	\$ 35.81	\$.50
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	11	24	393.96	16.42	.031	35.81	.50
@HOME HEALTH AGENCY	4	13	\$ 913.51	\$ 70.27	.017	\$ 228.38	\$ 1.16
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	105	656	\$ 109,812.87	\$ 167.40	.836	\$ 1045.84	\$ 139.89
HOSP INPATIENT TOTAL	26	200	95,878.36	479.39	.255	3687.63	122.14
HSC HOSPITALS	11	55	70,740.00	1286.18	.070	6430.91	90.11
NON-HSC HOSPITAL TOTAL	1	6	7,870.36	1311.73	.008	7870.36	10.03
ACCOMMODATIONS	1	6	1,233.90	205.65	.008	1233.90	1.57
ADMINISTRATIVE DAYS	1	6	1,233.90	205.65	.008	1233.90	1.57
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	6,636.46	.00	.000	6636.46	8.45

INPATIENT CROSSOVERS	15	139		17,268.00	124.23	.177	1151.20	22.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	89	456		13,934.51	30.56	.581	156.57	17.75
MEDICAL	15	26		1,401.63	53.91	.033	93.44	1.79
SURGERY	4	4		116.04	29.01	.005	29.01	.15
PATHOLOGY	9	63		644.31	10.23	.080	71.59	.82
RADIOLOGY	18	35		5,048.68	144.25	.045	280.48	6.43
ROOM USE	18	26		1,188.02	45.69	.033	66.00	1.51
CROSSOVERS/ALL OTH OUTPTNT	74	302		5,535.83	18.33	.385	74.81	7.05
@COUNTY HOSPITAL TOTAL	7	35	\$	8,155.15	\$ 233.00	.045	\$ 1165.02	\$ 10.39
CO HOSPITAL INPATIENT TOTAL	2	7		7,371.10	1053.01	.009	3685.55	9.39
HSC HOSPITALS	2	7		7,525.00	1075.00	.009	3762.50	9.59
NON-HSC HOSPITALS TOTAL	0	0		153.90CR	.00	.000	.00	.20CR
ACCOMMODATIONS	0	0		153.90CR	.00	.000	.00	.20CR
ADMINISTRATIVE DAYS	0	0		153.90CR	.00	.000	.00	.20CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	28		784.05	28.00	.036	156.81	1.00
MEDICAL	0	1CR		22.39	22.39CR	.001CR	.00	.03
SURGERY	0	0		10.26	.00	.000	.00	.01
PATHOLOGY	3	11		137.87	12.53	.014	45.96	.18
RADIOLOGY	2	6		522.46	87.08	.008	261.23	.67
ROOM USE	1	0		64.74	.00	.000	64.74	.08
CROSSOVERS/ALL OTH OUTPTNT	3	12		26.33	2.19	.015	8.78	.03

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED

AID CODE 68

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785 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	100	621	\$ 101,657.72	\$ 163.70	.791	\$ 1016.58	\$ 129.50
COMM HOSP INPATIENT TOTAL	24	193	88,507.26	458.59	.246	3687.80	112.75
HSC HOSPITALS	9	48	63,215.00	1316.98	.061	7023.89	80.53
NON-HSC HOSPITALS TOTAL	1	6	8,024.26	1337.38	.008	8024.26	10.22
ACCOMMODATIONS	1	6	1,387.80	231.30	.008	1387.80	1.77
ADMINISTRATIVE DAYS	1	6	1,387.80	231.30	.008	1387.80	1.77
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	6,636.46	.00	.000	6636.46	8.45
INPATIENT CROSSOVERS	15	139	17,268.00	124.23	.177	1151.20	22.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	86	428	13,150.46	30.73	.545	152.91	16.75
MEDICAL	15	27	1,379.24	51.08	.034	91.95	1.76
SURGERY	4	4	105.78	26.45	.005	26.45	.13
PATHOLOGY	8	52	506.44	9.74	.066	63.31	.65
RADIOLOGY	18	29	4,526.22	156.08	.037	251.46	5.77
ROOM USE	18	26	1,123.28	43.20	.033	62.40	1.43
CROSSOVERS/ALL OTH OUTPTNT	72	290	5,509.50	19.00	.369	76.52	7.02
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	11	191	\$ 35,347.71	\$ 185.07	.243	\$ 3213.43	\$ 45.03
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	11	191	35,347.71	185.07	.243	3213.43	45.03
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	1CR	\$.00	\$.00	.001CR	.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	1CR	.00	.00	.001CR	.00	.00
@REHABILITATION FACILITY	10	46	\$ 817.98	\$ 17.78	.059	\$ 81.80	\$ 1.04
HOSPITAL BASED	1	1	93.54	93.54	.001	93.54	.12
INDEPENDENT FACILITY	9	45	724.44	16.10	.057	80.49	.92
@LABORATORY FACILITY	9	64	\$ 368.21	\$ 5.75	.082	\$ 40.91	\$.47
PATHOLOGY	9	64	368.21	5.75	.082	40.91	.47
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	32	52	\$ 3,800.53	\$ 73.09	.066	\$ 118.77	\$ 4.84
CLINIC	2	3	90.79	30.26	.004	45.40	.12
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	30	49	3,709.74	75.71	.062	123.66	4.73
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,148
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED						AID CODE 68

785 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	232	10,897	\$ 55,156.02	\$ 5.06	13.882	\$ 237.74	\$ 70.26
DURABLE MED. EQUIP.	20	97	13,413.56	138.28	.124	670.68	17.09
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	42	413	3,864.63	9.36	.526	92.02	4.92
AMBULANCES/AIR TRANS	7	59	1,132.53	19.20	.075	161.79	1.44
OTHER TRANS	10	79	328.84	4.16	.101	32.88	.42
OTHER SERVICES	27	275	2,403.26	8.74	.350	89.01	3.06
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	24	278	18,605.71	66.93	.354	775.24	23.70
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	11	28	3,083.60	110.13	.036	280.33	3.93
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	22	222.54	10.12	.028	27.82	.28
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	9	893.04	99.23	.011	223.26	1.14
PROSTHETICS	4	9	893.04	99.23	.011	223.26	1.14
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4	61.46	15.37	.005	30.73	.08
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	14	477	2,599.67	5.45	.608	185.69	3.31
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	139	9,569		12,411.81	1.30	12.190	89.29	15.81
@CALIF. CHILDREN SERVICES*	34	513	\$	51,768.22	\$ 100.91	.654	\$ 1522.59	\$ 65.95
@XOVER EXCLUDING STATE HOSP**	294	12,843	\$	55,013.04	\$ 4.28	16.361	\$ 187.12	\$ 70.08

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MARIN COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

						----- MONTHLY AVERAGE -----		
1,715 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	1,394	59,318	\$ 1,017,609.26	\$ 17.16	34.588	\$ 729.99	\$ 593.36	
@PHYSICIANS SERVICES	243	719	\$ 21,448.17	\$ 29.83	.419	\$ 88.26	\$ 12.51	
OUTPATIENT VISITS	44	63	2,401.68	38.12	.037	54.58	1.40	
OFFICE VISITS	33	41	1,137.98	27.76	.024	34.48	.66	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	10	17	1,114.18	65.54	.010	111.42	.65	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	5	5	149.52	29.90	.003	29.90	.09	
INPATIENT VISITS	15	42	2,022.23	48.15	.024	134.82	1.18	
HOSPITAL VISITS	15	40	1,886.93	47.17	.023	125.80	1.10	
CRITICAL CARE	1	1	121.60	121.60	.001	121.60	.07	
SNF/ICF/TRANS IP CARE	1	1	13.70	13.70	.001	13.70	.01	
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.001	57.79	.03	
EXAMINATIONS	1	1	57.79	57.79	.001	57.79	.03	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	9	69	6,493.00	94.10	.040	721.44	3.79	
PRINCIPAL SURGEON	7	9	4,211.81	467.98	.005	601.69	2.46	
ASSISTANT SURGEON	1	2	450.48	225.24	.001	450.48	.26	
ANESTHESIOLOGIST	4	58	1,830.71	31.56	.034	457.68	1.07	
OUTPATIENT SURGERY	3	22	769.24	34.97	.013	256.41	.45	
PRINCIPAL SURGEON	1	3	291.27	97.09	.002	291.27	.17	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	2	19	477.97	25.16	.011	238.99	.28	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	10	11	102.11	9.28	.006	10.21	.06	
RADIOLOGY	23	69	1,930.19	27.97	.040	83.92	1.13	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	1	1	13.76	13.76	.001	13.76	.01	
OTHER SERVICES/ALL X-OVERS	192	441	7,658.17	17.37	.257	39.89	4.47	
@PHARMACY	1,138	38,209	\$ 503,365.10	\$ 13.17	22.279	\$ 442.32	\$ 293.51	
PRESCRIPTION DRUGS	1,062	4,532	457,139.38	100.87	2.643	430.45	266.55	
SNF/ICF	48	349	94,325.56	270.27	.203	1965.12	55.00	
OUTPATIENTS	1,026	4,183	362,813.82	86.74	2.439	353.62	211.55	
MEDICAL SUPPLIES	367	33,677	46,225.72	1.37	19.637	125.96	26.95	
@DENTIST	85	277	\$ 13,238.75	\$ 47.79	.162	\$ 155.75	\$ 7.72	
VISITS - DIAGNOSTIC	56	167	3,048.75	18.26	.097	54.44	1.78	
ORAL SURGERY	8	15	934.00	62.27	.009	116.75	.54	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	3	4	800.00	200.00	.002	266.67	.47	
ENDODONTICS	2	2	520.00	260.00	.001	260.00	.30	
RESTORATIVE DENTISTRY	33	74	5,781.00	78.12	.043	175.18	3.37	
PROSTHETICS	1	1	50.00	50.00	.001	50.00	.03	

DENTURES, STAYPLATES	8	11	1,955.00	177.73	.006	244.38	1.14
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	2	150.00	75.00	.001	150.00	.09
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
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1,715 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6	19	\$ 368.10	\$ 19.37	.011	\$ 61.35	\$.21
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.002	47.45	.08
EYE APPLIANCES	4	14	224.00	16.00	.008	56.00	.13
OTHER OPTOMETRIC SERVICES	1	2	1.75	.88	.001	1.75	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	22	40	\$ 528.88	\$ 13.22	.023	\$ 24.04	\$.31
MEDICINE/INJECTIONS	1	1	21.40	21.40	.001	21.40	.01
SURGERY/ANES.	1	1	13.00	13.00	.001	13.00	.01
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	21	38	494.48	13.01	.022	23.55	.29
@HOME HEALTH AGENCY	4	13	\$ 913.51	\$ 70.27	.008	\$ 228.38	\$.53
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	191	1,040	\$ 129,242.50	\$ 124.27	.606	\$ 676.66	\$ 75.36
HOSP INPATIENT TOTAL	42	283	109,123.42	385.60	.165	2598.18	63.63
HSC HOSPITALS	11	55	70,740.00	1286.18	.032	6430.91	41.25

NON-HSC HOSPITAL TOTAL	1	6	7,870.36	1311.73	.003	7870.36	4.59
ACCOMMODATIONS	1	6	1,233.90	205.65	.003	1233.90	.72
ADMINISTRATIVE DAYS	1	6	1,233.90	205.65	.003	1233.90	.72
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	6,636.46	.00	.000	6636.46	3.87
INPATIENT CROSSOVERS	31	222	30,513.06	137.45	.129	984.29	17.79
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	164	757	20,119.08	26.58	.441	122.68	11.73
MEDICAL	19	32	1,651.76	51.62	.019	86.93	.96
SURGERY	4	4	116.04	29.01	.002	29.01	.07
PATHOLOGY	12	71	763.55	10.75	.041	63.63	.45
RADIOLOGY	20	37	5,136.96	138.84	.022	256.85	3.00
ROOM USE	19	27	1,188.02	44.00	.016	62.53	.69
CROSSOVERS/ALL OTH OUTPTNT	142	586	11,262.75	19.22	.342	79.32	6.57
@COUNTY HOSPITAL TOTAL	7	35	\$ 8,155.15	\$ 233.00	.020	\$ 1165.02	\$ 4.76
CO HOSPITAL INPATIENT TOTAL	2	7	7,371.10	1053.01	.004	3685.55	4.30
HSC HOSPITALS	2	7	7,525.00	1075.00	.004	3762.50	4.39
NON-HSC HOSPITALS TOTAL	0	0	153.90CR	.00	.000	.00	.09CR
ACCOMMODATIONS	0	0	153.90CR	.00	.000	.00	.09CR
ADMINISTRATIVE DAYS	0	0	153.90CR	.00	.000	.00	.09CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	28	784.05	28.00	.016	156.81	.46
MEDICAL	0	1CR	22.39	22.39CR	.001CR	.00	.01
SURGERY	0	0	10.26	.00	.000	.00	.01
PATHOLOGY	3	11	137.87	12.53	.006	45.96	.08
RADIOLOGY	2	6	522.46	87.08	.003	261.23	.30
ROOM USE	1	0	64.74	.00	.000	64.74	.04
CROSSOVERS/ALL OTH OUTPTNT	3	12	26.33	2.19	.007	8.78	.02

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	1,715 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	186		1,005	\$ 121,087.35	\$ 120.48	.586	\$ 651.01	\$ 70.60
COMM HOSP INPATIENT TOTAL	40		276	101,752.32	368.67	.161	2543.81	59.33
HSC HOSPITALS	9		48	63,215.00	1316.98	.028	7023.89	36.86
NON-HSC HOSPITALS TOTAL	1		6	8,024.26	1337.38	.003	8024.26	4.68
ACCOMMODATIONS	1		6	1,387.80	231.30	.003	1387.80	.81
ADMINISTRATIVE DAYS	1		6	1,387.80	231.30	.003	1387.80	.81
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	1		0	6,636.46	.00	.000	6636.46	3.87
INPATIENT CROSSOVERS	31		222	30,513.06	137.45	.129	984.29	17.79
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	161		729	19,335.03	26.52	.425	120.09	11.27
MEDICAL	19		33	1,629.37	49.37	.019	85.76	.95
SURGERY	4		4	105.78	26.45	.002	26.45	.06
PATHOLOGY	11		60	625.68	10.43	.035	56.88	.36
RADIOLOGY	20		31	4,614.50	148.85	.018	230.73	2.69
ROOM USE	19		27	1,123.28	41.60	.016	59.12	.65

CROSSOVERS/ALL OTH OUTPTNT	140	574		11,236.42		19.58	.335	80.26	6.55
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	32	593	\$	102,491.25	\$	172.84	.346	\$ 3202.85	\$ 59.76
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	32	593		102,491.25		172.84	.346	3202.85	59.76
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	1CR	\$	.00	\$	.00	.001CR	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	1CR		.00		.00	.001CR	.00	.00
@REHABILITATION FACILITY	10	46	\$	817.98	\$	17.78	.027	\$ 81.80	\$.48
HOSPITAL BASED	1	1		93.54		93.54	.001	93.54	.05
INDEPENDENT FACILITY	9	45		724.44		16.10	.026	80.49	.42
@LABORATORY FACILITY	14	112	\$	788.12	\$	7.04	.065	\$ 56.29	\$.46
PATHOLOGY	14	112		788.12		7.04	.065	56.29	.46
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	47	73	\$	4,397.34	\$	60.24	.043	\$ 93.56	\$ 2.56
CLINIC	2	3		90.79		30.26	.002	45.40	.05
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	45	70		4,306.55		61.52	.041	95.70	2.51

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR IN HOME SUPPORT

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	1,715 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	595	18,178	\$	240,009.56	\$ 13.20	10.599	\$ 403.38	\$ 139.95
DURABLE MED. EQUIP.	30	111		13,990.26	126.04	.065	466.34	8.16
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	11		1,613.45	146.68	.006	230.49	.94
MEDICAL TRANSPORTATION	78	696		6,316.70	9.08	.406	80.98	3.68
AMBULANCES/AIR TRANS	9	72		1,386.34	19.25	.042	154.04	.81
OTHER TRANS	14	110		456.04	4.15	.064	32.57	.27
OTHER SERVICES	58	514		4,474.32	8.70	.300	77.14	2.61
ACUPUNCTURE	7	26		454.15	17.47	.015	64.88	.26
ADULT DAY HEALTH CARE CTR	130	1,655		110,609.75	66.83	.965	850.84	64.50
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	195	1,247		81,748.87	65.56	.727	419.22	47.67
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	23	62		737.00	11.89	.036	32.04	.43
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	5	11		939.02	85.37	.006	187.80	.55
PROSTHETICS	5	11		939.02	85.37	.006	187.80	.55
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	6		159.56	26.59	.003	53.19	.09

HOSPICE SERVICES	1	18		2,599.40	144.41	.010	2599.40	1.52
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	14	477		2,599.67	5.45	.278	185.69	1.52
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	207	13,858		18,241.73	1.32	8.080	88.12	10.64
@CALIF. CHILDREN SERVICES*	34	513	\$	51,768.22	\$ 100.91	.299	\$ 1522.59	\$ 30.19
@XOVER EXCLUDING STATE HOSP**	506	16,009	\$	94,926.49	\$ 5.93	9.335	\$ 187.60	\$ 55.35

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,153
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MARIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

	10,319 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7,277	209,489	\$	3,597,282.69	\$ 17.17	20.301	\$ 494.34	\$ 348.61
@PHYSICIANS SERVICES	1,308	3,569	\$	61,361.33	\$ 17.19	.346	\$ 46.91	\$ 5.95
OUTPATIENT VISITS	107	134		4,908.94	36.63	.013	45.88	.48
OFFICE VISITS	89	105		3,451.67	32.87	.010	38.78	.33
HOME VISITS	1	1		34.30	34.30	.000	34.30	.00
EMERGENCY ROOM	16	17		1,120.25	65.90	.002	70.02	.11
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	10	11		302.72	27.52	.001	30.27	.03
INPATIENT VISITS	8	16		694.31	43.39	.002	86.79	.07
HOSPITAL VISITS	5	10		474.41	47.44	.001	94.88	.05
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	3	6		219.90	36.65	.001	73.30	.02
OPHTHALMOLOGICAL SERVICES	6	7		336.46	48.07	.001	56.08	.03
EXAMINATIONS	6	7		336.46	48.07	.001	56.08	.03
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	13		2,697.31	207.49	.001	674.33	.26
PRINCIPAL SURGEON	2	2		2,403.94	1201.97	.000	1201.97	.23
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	11		293.37	26.67	.001	146.69	.03
OUTPATIENT SURGERY	12	15		3,327.26	221.82	.001	277.27	.32
PRINCIPAL SURGEON	10	10		3,088.07	308.81	.001	308.81	.30
ASSISTANT SURGEON	1	1		107.22	107.22	.000	107.22	.01
ANESTHESIOLOGIST	1	4		131.97	32.99	.000	131.97	.01
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	7	23		230.70	10.03	.002	32.96	.02
RADIOLOGY	29	39		1,117.48	28.65	.004	38.53	.11
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	3		26.86	8.95	.000	13.43	.00
OTHER SERVICES/ALL X-OVERS	1,190	3,319		48,022.01	14.47	.322	40.35	4.65
@PHARMACY	5,947	53,628	\$	1,396,937.22	\$ 26.05	5.197	\$ 234.90	\$ 135.38
PRESCRIPTION DRUGS	5,814	19,726		1,331,884.67	67.52	1.912	229.08	129.07
SNF/ICF	219	1,175		68,707.05	58.47	.114	313.73	6.66
OUTPATIENTS	5,616	18,551		1,263,177.62	68.09	1.798	224.92	122.41
MEDICAL SUPPLIES	625	33,902		65,052.55	1.92	3.285	104.08	6.30
@DENTIST	597	1,873	\$	91,963.25	\$ 49.10	.182	\$ 154.04	\$ 8.91
VISITS - DIAGNOSTIC	382	1,167		17,732.25	15.19	.113	46.42	1.72
ORAL SURGERY	62	94		3,888.50	41.37	.009	62.72	.38

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	22	22	3,470.00	157.73	.002	157.73	.34
ENDODONTICS	37	44	9,519.00	216.34	.004	257.27	.92
RESTORATIVE DENTISTRY	162	309	31,674.00	102.50	.030	195.52	3.07
PROSTHETICS	4	4	120.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	103	232	25,480.00	109.83	.022	247.38	2.47
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	1	79.50	79.50	.000	39.75	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,154
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

10,319 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	47	127	\$ 2,812.08	\$ 22.14	.012	\$ 59.83	\$.27
DIAGNOSTIC AND ANC. PROCED	18	20	837.50	41.88	.002	46.53	.08
EYE APPLIANCES	31	100	1,707.37	17.07	.010	55.08	.17
OTHER OPTOMETRIC SERVICES	8	7	267.21	38.17	.001	33.40	.03
@CHIROPRACTOR	1	3	7.44	\$ 2.48	.000	\$ 7.44	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	3	7.44	2.48	.000	7.44	.00
@PODIATRIST	98	148	\$ 1,351.76	\$ 9.13	.014	\$ 13.79	\$.13
MEDICINE/INJECTIONS	7	10	252.80	25.28	.001	36.11	.02
SURGERY/ANES.	2	2	20.00	10.00	.000	10.00	.00
RADIO./PATHOLOGY	1	2	34.60	17.30	.000	34.60	.00
OTHER	91	134	1,044.36	7.79	.013	11.48	.10
@HOME HEALTH AGENCY	4	10	\$ 621.24	\$ 62.12	.001	\$ 155.31	\$.06
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	6	16	\$ 122.92	\$ 7.68	.002	\$ 20.49	\$.01
@TOTAL HOSPITAL	935	4,209	\$ 327,876.21	\$ 77.90	.408	\$ 350.67	\$ 31.77
HOSP INPATIENT TOTAL	103	604	232,634.36	385.16	.059	2258.59	22.54
HSC HOSPITALS	39	144	159,595.20	1108.30	.014	4092.18	15.47
NON-HSC HOSPITAL TOTAL	6	16	18,998.38	1187.40	.002	3166.40	1.84
ACCOMMODATIONS	6	16	6,488.21	405.51	.002	1081.37	.63
ADMINISTRATIVE DAYS	3	11	1,979.97	180.00	.001	659.99	.19
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	5	4,508.24	901.65	.000	1502.75	.44
ANCILLARIES	6	0	12,510.17	.00	.000	2085.03	1.21
INPATIENT CROSSOVERS	61	444	54,040.78	121.71	.043	885.91	5.24
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	860	3,605	95,241.85	26.42	.349	110.75	9.23
MEDICAL	51	84	3,925.19	46.73	.008	76.96	.38
SURGERY	7	11	685.09	62.28	.001	67.87	.07
PATHOLOGY	31	136	1,584.76	11.65	.013	51.12	.15
RADIOLOGY	27	33	2,152.65	65.23	.003	79.73	.21
ROOM USE	48	82	3,500.83	42.69	.008	72.93	.34
CROSSOVERS/ALL OTH OUTPTNT	779	3,259	83,393.33	25.59	.316	107.05	8.08
@COUNTY HOSPITAL TOTAL	4	13	\$ 2,448.05	\$ 188.31	.001	\$ 612.01	\$.24
CO HOSPITAL INPATIENT TOTAL	1	5	2,220.99	444.20	.000	2220.99	.22
HSC HOSPITALS	1	5	2,220.99	444.20	.000	2220.99	.22

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	8	227.06	28.38	.001	75.69	.02
MEDICAL	2	2	85.73	42.87	.000	42.87	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	22.34	11.17	.000	22.34	.00
RADIOLOGY	2	2	49.91	24.96	.000	24.96	.00
ROOM USE	2	2	69.08	34.54	.000	34.54	.01
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

					----- MONTHLY AVERAGE -----			
10,319 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	931	4,196	\$ 325,428.16	\$ 77.56	.407	\$ 349.55	\$ 31.54	
COMM HOSP INPATIENT TOTAL	102	599	230,413.37	384.66	.058	2258.95	22.33	
HSC HOSPITALS	38	139	157,374.21	1132.19	.013	4141.43	15.25	
NON-HSC HOSPITALS TOTAL	6	16	18,998.38	1187.40	.002	3166.40	1.84	
ACCOMMODATIONS	6	16	6,488.21	405.51	.002	1081.37	.63	
ADMINISTRATIVE DAYS	3	11	1,979.97	180.00	.001	659.99	.19	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	3	5	4,508.24	901.65	.000	1502.75	.44	
ANCILLARIES	6	0	12,510.17	.00	.000	2085.03	1.21	
INPATIENT CROSSOVERS	61	444	54,040.78	121.71	.043	885.91	5.24	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	857	3,597		95,014.79	26.42	.349	110.87	9.21
MEDICAL	49	82		3,839.46	46.82	.008	78.36	.37
SURGERY	7	11		685.09	62.28	.001	97.87	.07
PATHOLOGY	30	134		1,562.42	11.66	.013	52.08	.15
RADIOLOGY	25	31		2,102.74	67.83	.003	84.11	.20
ROOM USE	46	80		3,431.75	42.90	.008	74.60	.33
CROSSOVERS/ALL OTH OUTPTNT	779	3,259		83,393.33	25.59	.316	107.05	8.08
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	237	6,325	\$	927,395.33	\$ 146.62	.613	\$ 3913.06	\$ 89.87
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	4	106		58,633.90	553.15	.010	14658.48	5.68
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	233	6,219		868,761.43	139.69	.603	3728.59	84.19
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	24	24	\$	13,437.51	\$ 559.90	.002	\$ 559.90	\$ 1.30
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	24	24		13,437.51	559.90	.002	559.90	1.30
@REHABILITATION FACILITY	1	2	\$	128.95	\$ 64.48	.000	\$ 128.95	\$.01
HOSPITAL BASED	1	2		128.95	64.48	.000	128.95	.01
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	47	181	\$	1,898.70	\$ 10.49	.018	\$ 40.40	\$.18
PATHOLOGY	36	166		1,696.47	10.22	.016	47.12	.16
XO AND OTHERS	11	15		202.23	13.48	.001	18.38	.02
@ORGANIZED OUTPATIENT CLINIC	532	816	\$	33,769.15	\$ 41.38	.079	\$ 63.48	\$ 3.27
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	11	14		2,448.11	174.87	.001	222.56	.24
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	522	802		31,321.04	39.05	.078	60.00	3.04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,156
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

					----- MONTHLY AVERAGE -----			
10,319 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	1,735	138,558	\$ 737,599.60	\$ 5.32	13.427	\$ 425.13	\$ 71.48	
DURABLE MED. EQUIP.	46	66	4,769.60	72.27	.006	103.69	.46	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	80	113	16,837.89	149.01	.011	210.47	1.63	
MEDICAL TRANSPORTATION	160	1,407	12,486.66	8.87	.136	78.04	1.21	
AMBULANCES/AIR TRANS	12	81	1,668.38	20.60	.008	139.03	.16	
OTHER TRANS	17	181	629.62	3.48	.018	37.04	.06	
OTHER SERVICES	134	1,145	10,188.66	8.90	.111	76.03	.99	
ACUPUNCTURE	49	170	3,038.49	17.87	.016	62.01	.29	
ADULT DAY HEALTH CARE CTR	324	4,169	278,160.66	66.72	.404	858.52	26.96	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	732	3,825	274,091.82	71.66	.371	374.44	26.56	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	207	607	8,241.37	13.58	.059	39.81	.80	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	

PORTABLE X-RAY	5	10	134.54	13.45	.001	26.91	.01
PROSTHETIST/ORTHOTISTS	21	46	1,959.46	42.60	.004	93.31	.19
PROSTHETICS	15	34	1,187.72	34.93	.003	79.18	.12
ORTHOTICS	7	12	771.74	64.31	.001	110.25	.07
PSYCHOLOGIST	4	6	104.69	17.45	.001	26.17	.01
SPEECH AND AUDIOLOGY	10	25	1,013.11	40.52	.002	101.31	.10
HOSPICE SERVICES	26	840	102,556.02	122.09	.081	3944.46	9.94
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	440	127,274	34,205.29	.27	12.334	77.74	3.31
@CALIF. CHILDREN SERVICES*	0	2CR	\$ 45.58CR	\$ 22.79	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2,186	26,909	\$ 292,360.11	\$ 10.86	2.608	\$ 133.74	\$ 28.33

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,157
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND	

949 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	630	41,944	\$ 718,271.65	\$ 17.12	44.198	\$ 1140.11	\$ 756.87
@PHYSICIANS SERVICES	143	662	\$ 22,645.19	\$ 34.21	.698	\$ 158.36	\$ 23.86
OUTPATIENT VISITS	44	59	2,230.17	37.80	.062	50.69	2.35
OFFICE VISITS	24	30	897.22	29.91	.032	37.38	.95
HOME VISITS	5	6	186.70	31.12	.006	37.34	.20
EMERGENCY ROOM	18	20	1,080.58	54.03	.021	60.03	1.14
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	65.67	21.89	.003	21.89	.07
INPATIENT VISITS	18	153	7,242.07	47.33	.161	402.34	7.63
HOSPITAL VISITS	14	127	5,354.57	42.16	.134	382.47	5.64
CRITICAL CARE	4	13	1,392.70	107.13	.014	348.18	1.47
SNF/ICF/TRANS IP CARE	7	13	494.80	38.06	.014	70.69	.52
OPHTHALMOLOGICAL SERVICES	8	10	416.14	41.61	.011	52.02	.44
EXAMINATIONS	8	10	416.14	41.61	.011	52.02	.44
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	25	1,832.39	73.30	.026	305.40	1.93
PRINCIPAL SURGEON	5	10	1,432.74	143.27	.011	286.55	1.51
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	15	399.65	26.64	.016	399.65	.42
OUTPATIENT SURGERY	3	7	597.88	85.41	.007	199.29	.63
PRINCIPAL SURGEON	2	4	492.52	123.13	.004	246.26	.52
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3	105.36	35.12	.003	105.36	.11
DIALYSIS	8	70	4,269.72	61.00	.074	533.72	4.50
PATHOLOGY	5	41	370.23	9.03	.043	74.05	.39
RADIOLOGY	18	66	1,593.14	24.14	.070	88.51	1.68
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	130.00	130.00	.001	130.00	.14
OTHER SERVICES/ALL X-OVERS	90	230	3,963.45	17.23	.242	44.04	4.18
@PHARMACY	536	11,925	\$ 192,765.51	\$ 16.16	12.566	\$ 359.64	\$ 203.12
PRESCRIPTION DRUGS	507	2,108	175,037.42	83.03	2.221	345.24	184.44

SNF/ICF	30	248	20,066.09	80.91	.261	668.87	21.14
OUTPATIENTS	480	1,860	154,971.33	83.32	1.960	322.86	163.30
MEDICAL SUPPLIES	105	9,817	17,728.09	1.81	10.345	168.84	18.68
@DENTIST	59	193	\$ 7,831.50	\$ 40.58	.203	\$ 132.74	\$ 8.25
VISITS - DIAGNOSTIC	41	124	2,156.50	17.39	.131	52.60	2.27
ORAL SURGERY	7	11	391.00	35.55	.012	55.86	.41
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	3	4	800.00	200.00	.004	266.67	.84
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	20	50	4,264.00	85.28	.053	213.20	4.49
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.03
DENTURES, STAYPLATES	2	2	190.00	95.00	.002	95.00	.20
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

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949 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	14	32	\$ 1,986.32	\$ 62.07	.034	\$ 141.88	\$ 2.09
DIAGNOSTIC AND ANC. PROCED	6	6	365.23	60.87	.006	60.87	.38
EYE APPLIANCES	8	20	1,406.88	70.34	.021	175.86	1.48
OTHER OPTOMETRIC SERVICES	5	6	214.21	35.70	.006	42.84	.23
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	8	8	\$ 76.07	\$ 9.51	.008	\$ 9.51	\$.08
MEDICINE/INJECTIONS	2	2	61.20	30.60	.002	30.60	.06
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	6	6	14.87	2.48	.006	2.48	.02
@HOME HEALTH AGENCY	11	1,704	\$ 50,388.32	\$ 29.57	1.796	\$ 4580.76	\$ 53.10
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	108	615	\$ 138,965.69	\$ 225.96	.648	\$ 1286.72	\$ 146.43
HOSP INPATIENT TOTAL	19	175	130,607.53	746.33	.184	6874.08	137.63
HSC HOSPITALS	8	91	102,723.00	1128.82	.096	12840.38	108.24
NON-HSC HOSPITAL TOTAL	4	8	17,853.72	2231.72	.008	4463.43	18.81
ACCOMMODATIONS	4	8	7,764.35	970.54	.008	1941.09	8.18
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	8	7,764.35	970.54	.008	1941.09	8.18
ANCILLARIES	4	0	10,089.37	.00	.000	2522.34	10.63
INPATIENT CROSSOVERS	7	76	10,030.81	131.98	.080	1432.97	10.57
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	93	440	8,358.16	19.00	.464	89.87	8.81
MEDICAL	20	36	1,143.50	31.76	.038	57.18	1.20
SURGERY	3	3	133.16	44.39	.003	44.39	.14
PATHOLOGY	18	134	1,492.17	11.14	.141	82.90	1.57

RADIOLOGY	13	18	1,650.03	91.67	.019	126.93	1.74
ROOM USE	22	35	1,513.28	43.24	.037	68.79	1.59
CROSSOVERS/ALL OTH OUTPTNT	71	214	2,426.02	11.34	.226	34.17	2.56
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,159
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MARIN COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND						

949 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	108	615	\$ 138,965.69	\$ 225.96	.648	\$ 1286.72	\$ 146.43
COMM HOSP INPATIENT TOTAL	19	175	130,607.53	746.33	.184	6874.08	137.63
HSC HOSPITALS	8	91	102,723.00	1128.82	.096	12840.38	108.24
NON-HSC HOSPITALS TOTAL	4	8	17,853.72	2231.72	.008	4463.43	18.81
ACCOMMODATIONS	4	8	7,764.35	970.54	.008	1941.09	8.18
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	8	7,764.35	970.54	.008	1941.09	8.18
ANCILLARIES	4	0	10,089.37	.00	.000	2522.34	10.63
INPATIENT CROSSOVERS	7	76	10,030.81	131.98	.080	1432.97	10.57
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	93	440	8,358.16	19.00	.464	89.87	8.81
MEDICAL	20	36	1,143.50	31.76	.038	57.18	1.20
SURGERY	3	3	133.16	44.39	.003	44.39	.14
PATHOLOGY	18	134	1,492.17	11.14	.141	82.90	1.57
RADIOLOGY	13	18	1,650.03	91.67	.019	126.93	1.74
ROOM USE	22	35	1,513.28	43.24	.037	68.79	1.59
CROSSOVERS/ALL OTH OUTPTNT	71	214	2,426.02	11.34	.226	34.17	2.56
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	22	746	\$ 99,581.42	\$ 133.49	.786	\$ 4526.43	\$ 104.93
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	22	746	99,581.42	133.49	.786	4526.43	104.93
@INTERMEDIATE CARE FACIL.-DD	12	385	\$ 57,430.45	\$ 149.17	.406	\$ 4785.87	\$ 60.52

ICF DDH	12	385		57,430.45	149.17	.406	4785.87	60.52
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	15	665	\$	16,045.33	\$ 24.13	.701	\$ 1069.69	\$ 16.91
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	15	665		16,045.33	24.13	.701	1069.69	16.91
@REHABILITATION FACILITY	3	4	\$	84.76	\$ 21.19	.004	\$ 28.25	\$.09
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	3	4		84.76	21.19	.004	28.25	.09
@LABORATORY FACILITY	28	282	\$	4,037.28	\$ 14.32	.297	\$ 144.19	\$ 4.25
PATHOLOGY	28	282		4,037.28	14.32	.297	144.19	4.25
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	42	74	\$	2,670.76	\$ 36.09	.078	\$ 63.59	\$ 2.81
CLINIC	15	33		827.65	25.08	.035	55.18	.87
SURGICENTER	1	1		183.35	183.35	.001	183.35	.19
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	26	40		1,659.76	41.49	.042	63.84	1.75
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
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MARIN COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND							

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949 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	182	24,649	\$	123,763.05	\$ 5.02	25.974	\$ 680.02	\$ 130.41
DURABLE MED. EQUIP.	6	25		6,731.54	269.26	.026	1121.92	7.09
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	9		1,062.57	118.06	.009	212.51	1.12
MEDICAL TRANSPORTATION	30	3,044		11,327.83	3.72	3.208	377.59	11.94
AMBULANCES/AIR TRANS	10	108		2,068.50	19.15	.114	206.85	2.18
OTHER TRANS	14	2,882		8,803.59	3.05	3.037	628.83	9.28
OTHER SERVICES	8	54		455.74	8.44	.057	56.97	.48
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	10	82		5,481.34	66.85	.086	548.13	5.78
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	63	1,900		67,165.25	35.35	2.002	1066.12	70.77
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	10	43		674.77	15.69	.045	67.48	.71
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2		52.54	26.27	.002	52.54	.06
PROSTHETICS	1	2		52.54	26.27	.002	52.54	.06
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	27	98		3,654.42	37.29	.103	135.35	3.85
HOSPICE SERVICES	2	26		2,723.76	104.76	.027	1361.88	2.87
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	20	1,853		18,362.28	9.91	1.953	918.11	19.35
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	48	17,567		6,526.75	.37	18.511	135.97	6.88
@CALIF. CHILDREN SERVICES*	15	117	\$	18,938.70	\$ 161.87	.123	\$ 1262.58	\$ 19.96
@XOVER EXCLUDING STATE HOSP**	165	1,083	\$	22,804.20	\$ 21.06	1.141	\$ 138.21	\$ 24.03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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MARIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

33,858 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	25,103	881,918	\$ 22,753,888.05	\$ 25.80	26.048	\$ 906.42	\$ 672.04
@PHYSICIANS SERVICES	6,457	19,176	\$ 744,384.54	\$ 38.82	.566	\$ 115.28	\$ 21.99
OUTPATIENT VISITS	3,213	4,624	182,461.46	39.46	.137	56.79	5.39
OFFICE VISITS	2,058	2,868	93,612.22	32.64	.085	45.49	2.76
HOME VISITS	89	102	3,892.85	38.17	.003	43.74	.11
EMERGENCY ROOM	1,187	1,480	79,057.98	53.42	.044	66.60	2.33
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	60.48	60.48	.000	60.48	.00
OTHER OUTPATIENT	151	173	5,837.93	33.75	.005	38.66	.17
INPATIENT VISITS	673	2,433	119,886.46	49.28	.072	178.14	3.54
HOSPITAL VISITS	472	1,961	89,239.80	45.51	.058	189.07	2.64
CRITICAL CARE	45	176	20,666.40	117.42	.005	459.25	.61
SNF/ICF/TRANS IP CARE	219	296	9,980.26	33.72	.009	45.57	.29
OPHTHALMOLOGICAL SERVICES	157	186	8,072.02	43.40	.005	51.41	.24
EXAMINATIONS	157	186	8,072.02	43.40	.005	51.41	.24
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	192	1,234	91,880.39	74.46	.036	478.54	2.71
PRINCIPAL SURGEON	134	219	66,184.31	302.21	.006	493.91	1.95
ASSISTANT SURGEON	9	10	1,445.58	144.56	.000	160.62	.04
ANESTHESIOLOGIST	71	1,005	24,250.50	24.13	.030	341.56	.72
OUTPATIENT SURGERY	450	1,208	73,840.02	61.13	.036	164.09	2.18
PRINCIPAL SURGEON	367	458	58,133.76	126.93	.014	158.40	1.72
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	97	750	15,706.26	20.94	.022	161.92	.46
DIALYSIS	14	92	4,942.20	53.72	.003	353.01	.15
PATHOLOGY	386	981	10,886.96	11.10	.029	28.20	.32

RADIOLOGY	1,258	2,287		93,495.87		40.88	.068	74.32	2.76
PSYCHIATRY	14	27		756.60		28.02	.001	54.04	.02
IMMUNIZATION AND INJECTION	106	279		38,002.84		136.21	.008	358.52	1.12
OTHER SERVICES/ALL X-OVERS	2,548	5,825		120,159.72		20.63	.172	47.16	3.55
@PHARMACY	20,855	176,742	\$	13,221,037.94	\$	74.80	5.220	\$ 633.95	\$ 390.48
PRESCRIPTION DRUGS	20,544	87,825		10,104,547.48		115.05	2.594	491.85	298.44
SNF/ICF	875	5,795		653,326.29		112.74	.171	746.66	19.30
OUTPATIENTS	19,807	82,030		9,451,221.19		115.22	2.423	477.17	279.14
MEDICAL SUPPLIES	1,640	88,917		3,116,490.46		35.05	2.626	1900.30	92.05
@DENTIST	2,715	9,188	\$	414,498.74	\$	45.11	.271	\$ 152.67	\$ 12.24
VISITS - DIAGNOSTIC	1,924	5,764		101,072.11		17.54	.170	52.53	2.99
ORAL SURGERY	276	621		30,668.54		49.39	.018	111.12	.91
DRUGS	14	18		93.75		5.21	.001	6.70	.00
ANESTHESIA	5	5		500.00		100.00	.000	100.00	.01
PERIODONTICS	163	247		41,146.25		166.58	.007	252.43	1.22
ENDODONTICS	112	142		28,523.50		200.87	.004	254.67	.84
RESTORATIVE DENTISTRY	854	1,908		159,313.50		83.50	.056	186.55	4.71
PROSTHETICS	45	56		2,570.00		45.89	.002	57.11	.08
DENTURES, STAYPLATES	164	376		48,903.02		130.06	.011	298.19	1.44
SPACE MAINTAINERS	1	1		200.00		200.00	.000	200.00	.01
MAXILLOFACIAL SERVICES	4	5		298.07		59.61	.000	74.52	.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	7	8		1,135.00		141.88	.000	162.14	.03
ALL OTHER SERVICES	22	37		75.00		2.03	.001	3.41	.00
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FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

	33,858 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	303	758	\$	20,244.91	\$ 26.71	.022	\$ 66.81	\$.60
DIAGNOSTIC AND ANC. PROCED	208	213		9,837.47	46.19	.006	47.30	.29
EYE APPLIANCES	159	521		8,910.85	17.10	.015	56.04	.26
OTHER OPTOMETRIC SERVICES	20	24		1,496.59	62.36	.001	74.83	.04
@CHIROPRACTOR	14	24	\$	387.90	\$ 16.16	.001	\$ 27.71	\$.01
VISITS	13	23		384.56	16.72	.001	29.58	.01
OTHER SERVICES	1	1		3.34	3.34	.000	3.34	.00
@PODIATRIST	341	482	\$	12,151.97	\$ 25.21	.014	\$ 35.64	\$.36
MEDICINE/INJECTIONS	210	243		6,125.65	25.21	.007	29.17	.18
SURGERY/ANES.	24	27		1,080.99	40.04	.001	45.04	.03
RADIO./PATHOLOGY	3	5		86.50	17.30	.000	28.83	.00
OTHER	139	207		4,858.83	23.47	.006	34.96	.14
@HOME HEALTH AGENCY	131	3,359	\$	95,579.70	\$ 28.45	.099	\$ 729.62	\$ 2.82
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	2	15	\$	126.15	\$ 8.41	.000	\$ 63.08	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	7	24	\$	207.07	\$ 8.63	.001	\$ 29.58	\$.01
@TOTAL HOSPITAL	4,250	24,027	\$	3,344,462.80	\$ 139.20	.710	\$ 786.93	\$ 98.78
HOSP INPATIENT TOTAL	451	3,394		2,704,182.13	796.75	.100	5995.97	79.87
HSC HOSPITALS	258	1,606		2,187,544.63	1362.11	.047	8478.86	64.61
NON-HSC HOSPITAL TOTAL	52	246		334,162.97	1358.39	.007	6426.21	9.87
ACCOMMODATIONS	51	246		108,782.93	442.21	.007	2133.00	3.21
ADMINISTRATIVE DAYS	28	150		32,304.37	215.36	.004	1153.73	.95
TRANSITIONAL IP CARE	0	0		100.28	.00	.000	.00	.00
ALL OTHER ACCOM	24	96		76,378.28	795.61	.003	3182.43	2.26
ANCILLARIES	52	0		225,380.04	.00	.000	4334.23	6.66

INPATIENT CROSSOVERS	164	1,542	182,474.53	118.34	.046	1112.65	5.39
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,967	20,633	640,280.67	31.03	.609	161.40	18.91
MEDICAL	1,256	2,213	79,152.25	35.77	.065	63.02	2.34
SURGERY	283	351	29,770.22	84.82	.010	105.20	.88
PATHOLOGY	1,074	5,955	69,309.20	11.64	.176	64.53	2.05
RADIOLOGY	867	1,268	112,206.96	88.49	.037	129.42	3.31
ROOM USE	1,418	2,143	99,744.18	46.54	.063	70.34	2.95
CROSSOVERS/ALL OTH OUTPTNT	2,170	8,703	250,097.86	28.74	.257	115.25	7.39
@COUNTY HOSPITAL TOTAL	81	393	\$ 49,316.28	\$ 125.49	.012	\$ 608.84	\$ 1.46
CO HOSPITAL INPATIENT TOTAL	8	109	40,023.92	367.19	.003	5002.99	1.18
HSC HOSPITALS	5	27	31,795.00	1177.59	.001	6359.00	.94
NON-HSC HOSPITALS TOTAL	1	15	5,812.92	387.53	.000	5812.92	.17
ACCOMMODATIONS	1	15	3,621.48	241.43	.000	3621.48	.11
ADMINISTRATIVE DAYS	1	15	3,571.54	238.10	.000	3571.54	.11
TRANSITIONAL IP CARE	0	0	49.94	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	2,191.44	.00	.000	2191.44	.06
INPATIENT CROSSOVERS	3	67	2,416.00	36.06	.002	805.33	.07
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	74	284	9,292.36	32.72	.008	125.57	.27
MEDICAL	25	30	1,125.98	37.53	.001	45.04	.03
SURGERY	6	8	187.83	23.48	.000	31.31	.01
PATHOLOGY	27	102	1,595.76	15.64	.003	59.10	.05
RADIOLOGY	18	31	3,130.56	100.99	.001	173.92	.09
ROOM USE	48	55	2,470.89	44.93	.002	51.48	.07
CROSSOVERS/ALL OTH OUTPTNT	26	58	781.34	13.47	.002	30.05	.02

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					----- MONTHLY AVERAGE -----			
33,858 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	4,181	23,634	\$ 3,295,146.52	\$ 139.42	.698	\$ 788.12	\$ 97.32	
COMM HOSP INPATIENT TOTAL	443	3,285	2,664,158.21	811.01	.097	6013.90	78.69	
HSC HOSPITALS	253	1,579	2,155,749.63	1365.26	.047	8520.75	63.67	
NON-HSC HOSPITALS TOTAL	51	231	328,350.05	1421.43	.007	6438.24	9.70	
ACCOMMODATIONS	50	231	105,161.45	455.24	.007	2103.23	3.11	
ADMINISTRATIVE DAYS	27	135	28,732.83	212.84	.004	1064.18	.85	
TRANSITIONAL IP CARE	0	0	50.34	.00	.000	.00	.00	
ALL OTHER ACCOM	24	96	76,378.28	795.61	.003	3182.43	2.26	
ANCILLARIES	51	0	223,188.60	.00	.000	4376.25	6.59	
INPATIENT CROSSOVERS	161	1,475	180,058.53	122.07	.044	1118.38	5.32	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	3,905	20,349	630,988.31	31.01	.601	161.58	18.64	
MEDICAL	1,233	2,183	78,026.27	35.74	.064	63.28	2.30	
SURGERY	277	343	29,582.39	86.25	.010	106.80	.87	
PATHOLOGY	1,049	5,853	67,713.44	11.57	.173	64.55	2.00	
RADIOLOGY	853	1,237	109,076.40	88.18	.037	127.87	3.22	
ROOM USE	1,375	2,088	97,273.29	46.59	.062	70.74	2.87	
CROSSOVERS/ALL OTH OUTPTNT	2,147	8,645	249,316.52	28.84	.255	116.12	7.36	
@STATE HOSPITAL	3	42	\$ 22,860.26	\$ 544.29	.001	\$ 7620.09	\$.68	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	3	42	22,860.26	544.29	.001	7620.09	.68	
@NURSING FACILITY	370	11,654	\$ 1,533,927.39	\$ 131.62	.344	\$ 4145.75	\$ 45.30	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	

LEV B-REHAB MD	96	3,936		468,991.83		119.15	.116	4885.33	13.85
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	275	7,718		1,064,935.56		137.98	.228	3872.49	31.45
@INTERMEDIATE CARE FACIL.-DD	230	7,669	\$	1,141,865.34	\$	148.89	.227	4964.63	33.73
ICF DDH	230	7,669		1,141,865.34		148.89	.227	4964.63	33.73
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	110	1,112	\$	102,640.51	\$	92.30	.033	933.10	3.03
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	110	1,112		102,640.51		92.30	.033	933.10	3.03
@REHABILITATION FACILITY	86	730	\$	11,939.70	\$	16.36	.022	138.83	.35
HOSPITAL BASED	12	40		1,156.89		28.92	.001	96.41	.03
INDEPENDENT FACILITY	74	690		10,782.81		15.63	.020	145.71	.32
@LABORATORY FACILITY	2,274	13,441	\$	148,905.65	\$	11.08	.397	65.48	4.40
PATHOLOGY	2,243	13,385		145,466.40		10.87	.395	64.85	4.30
XO AND OTHERS	50	56		3,439.25		61.42	.002	68.79	.10
@ORGANIZED OUTPATIENT CLINIC	3,384	6,125	\$	471,068.77	\$	76.91	.181	139.20	13.91
CLINIC	632	1,440		34,407.66		23.89	.043	54.44	1.02
SURGICENTER	12	24		2,008.65		83.69	.001	167.39	.06
HEROIN DETOX CLINIC	23	392		4,554.90		11.62	.012	198.04	.13
RURAL HEALTH CLINIC	2,823	4,269		430,097.56		100.75	.126	152.35	12.70
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
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					----- MONTHLY AVERAGE -----			
33,858 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	4,454	607,350	\$ 1,467,598.71	\$ 2.42	17.938	\$ 329.50	\$ 43.35	
DURABLE MED. EQUIP.	331	1,553	227,666.38	146.60	.046	687.81	6.72	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	75	147	14,486.85	98.55	.004	193.16	.43	
MEDICAL TRANSPORTATION	744	15,838	132,961.33	8.40	.468	178.71	3.93	
AMBULANCES/AIR TRANS	427	6,033	86,995.78	14.42	.178	203.74	2.57	
OTHER TRANS	66	5,815	15,004.29	2.58	.172	227.34	.44	
OTHER SERVICES	271	3,990	30,961.26	7.76	.118	114.25	.91	
ACUPUNCTURE	107	302	5,302.43	17.56	.009	49.56	.16	
ADULT DAY HEALTH CARE CTR	337	3,471	230,995.37	66.55	.103	685.45	6.82	
GENETIC DISEASE TESTING	2	2	110.00	55.00	.000	55.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	315	6,931	280,006.62	40.40	.205	888.91	8.27	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	565	1,652	20,675.23	12.52	.049	36.59	.61	
PHYSICAL THERAPIST	6	46	780.51	16.97	.001	130.09	.02	
PORTABLE X-RAY	16	38	774.02	20.37	.001	48.38	.02	
PROSTHETIST/ORTHOTISTS	87	242	31,377.85	129.66	.007	360.66	.93	
PROSTHETICS	77	221	29,950.57	135.52	.007	388.97	.88	
ORTHOTICS	10	21	1,427.28	67.97	.001	142.73	.04	
PSYCHOLOGIST	7	16	274.14	17.13	.000	39.16	.01	
SPEECH AND AUDIOLOGY	820	3,437	135,297.55	39.37	.102	165.00	4.00	
HOSPICE SERVICES	33	1,131	142,091.20	125.63	.033	4305.79	4.20	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	359	12,681	91,654.20	7.23	.375	255.30	2.71	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	

ALL OTHER PROVIDERS	1,151	559,863		153,145.03	.27	16.536	133.05	4.52
@CALIF. CHILDREN SERVICES*	323	5,285	\$	2,059,290.24	\$ 389.65	.156	\$ 6375.51	\$ 60.82
@XOVER EXCLUDING STATE HOSP**	3,641	43,819	\$	609,408.29	\$ 13.91	1.294	\$ 167.37	\$ 18.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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MARIN COUNTY

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						----- MONTHLY AVERAGE -----		
20,137 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	8,894	55,608	\$ 2,295,116.56	\$ 41.27	2.761	\$ 258.05	\$ 113.98	
@PHYSICIANS SERVICES	2,982	6,234	\$ 265,021.81	\$ 42.51	.310	\$ 88.87	\$ 13.16	
OUTPATIENT VISITS	2,302	2,960	107,922.93	36.46	.147	46.88	5.36	
OFFICE VISITS	1,408	1,775	56,010.19	31.56	.088	39.78	2.78	
HOME VISITS	5	7	349.54	49.93	.000	69.91	.02	
EMERGENCY ROOM	976	1,099	47,763.69	43.46	.055	48.94	2.37	
PREVENTIVE CARE	9	9	423.49	47.05	.000	47.05	.02	
OB VISITS/COMPRE PERI	17	26	2,291.31	88.13	.001	134.78	.11	
OTHER OUTPATIENT	38	44	1,084.71	24.65	.002	28.55	.05	
INPATIENT VISITS	86	307	21,944.97	71.48	.015	255.17	1.09	
HOSPITAL VISITS	81	255	12,997.92	50.97	.013	160.47	.65	
CRITICAL CARE	11	52	8,947.05	172.06	.003	813.37	.44	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	77	87	3,787.80	43.54	.004	49.19	.19	
EXAMINATIONS	77	87	3,787.80	43.54	.004	49.19	.19	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	107	600	59,658.41	99.43	.030	557.56	2.96	
PRINCIPAL SURGEON	76	88	47,302.93	537.53	.004	622.41	2.35	
ASSISTANT SURGEON	12	12	1,882.83	156.90	.001	156.90	.09	
ANESTHESIOLOGIST	40	500	10,472.65	20.95	.025	261.82	.52	

OUTPATIENT SURGERY	206	391		24,249.13	62.02	.019	117.71	1.20
PRINCIPAL SURGEON	185	223		20,043.87	89.88	.011	108.35	1.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	33	168		4,205.26	25.03	.008	127.43	.21
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	203	343		3,284.75	9.58	.017	16.18	.16
RADIOLOGY	582	778		26,575.04	34.16	.039	45.66	1.32
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	43	71		1,482.78	20.88	.004	34.48	.07
OTHER SERVICES/ALL X-OVERS	294	697		16,116.00	23.12	.035	54.82	.80
@PHARMACY	3,923	9,182	\$	484,630.37	52.78	.456	123.54	24.07
PRESCRIPTION DRUGS	3,895	8,730		479,468.96	54.92	.434	123.10	23.81
SNF/ICF	34	52		36,403.08	700.06	.003	1070.68	1.81
OUTPATIENTS	3,875	8,678		443,065.88	51.06	.431	114.34	22.00
MEDICAL SUPPLIES	79	452		5,161.41	11.42	.022	65.33	.26
@DENTIST	1,337	4,914	\$	153,466.68	31.23	.244	114.78	7.62
VISITS - DIAGNOSTIC	1,016	3,441		58,803.93	17.09	.171	57.88	2.92
ORAL SURGERY	144	216		11,856.00	54.89	.011	82.33	.59
DRUGS	28	33		788.00	23.88	.002	28.14	.04
ANESTHESIA	7	7		600.00	85.71	.000	85.71	.03
PERIODONTICS	22	22		3,375.00	153.41	.001	153.41	.17
ENDODONTICS	70	101		15,175.00	150.25	.005	216.79	.75
RESTORATIVE DENTISTRY	394	990		56,492.75	57.06	.049	143.38	2.81
PROSTHETICS	4	4		140.00	35.00	.000	35.00	.01
DENTURES, STAYPLATES	12	43		1,866.00	43.40	.002	155.50	.09
SPACE MAINTAINERS	2	2		120.00	60.00	.000	60.00	.01
MAXILLOFACIAL SERVICES	5	6		350.00	58.33	.000	70.00	.02
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	37	44		3,900.00	88.64	.002	105.41	.19
ALL OTHER SERVICES	5	5		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

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20,137 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	146	387	\$ 9,522.89	\$ 24.61	.019	\$ 65.23	\$.47
DIAGNOSTIC AND ANC. PROCED	118	118	5,502.23	46.63	.006	46.63	.27
EYE APPLIANCES	93	268	3,951.76	14.75	.013	42.49	.20
OTHER OPTOMETRIC SERVICES	1	1	68.90	68.90	.000	68.90	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	24	40	\$ 1,142.71	\$ 28.57	.002	\$ 47.61	\$.06
MEDICINE/INJECTIONS	24	31	915.49	29.53	.002	38.15	.05
SURGERY/ANES.	4	6	60.00	10.00	.000	15.00	.00
RADIO./PATHOLOGY	1	1	17.30	17.30	.000	17.30	.00
OTHER	1	2	149.92	74.96	.000	149.92	.01
@HOME HEALTH AGENCY	29	81	\$ 4,857.38	\$ 59.97	.004	\$ 167.50	\$.24
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	1	6	362.88	60.48	.000	362.88	.02
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	2	2	83.38	41.69	.000	41.69	.00
@TOTAL HOSPITAL	1,624	5,749	\$ 857,636.88	\$ 149.18	.285	\$ 528.10	\$ 42.59
HOSP INPATIENT TOTAL	119	480	693,399.08	1444.58	.024	5826.88	34.43
HSC HOSPITALS	111	449	639,947.73	1425.27	.022	5765.29	31.78

NON-HSC HOSPITAL TOTAL	10	31	53,451.35	1724.24	.002	5345.14	2.65
ACCOMMODATIONS	10	31	27,225.41	878.24	.002	2722.54	1.35
ADMINISTRATIVE DAYS	2	5	1,125.72	225.14	.000	562.86	.06
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	26	26,099.69	1003.83	.001	3262.46	1.30
ANCILLARIES	10	0	26,225.94	.00	.000	2622.59	1.30
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,548	5,269	164,237.80	31.17	.262	106.10	8.16
MEDICAL	751	1,008	35,116.97	34.84	.050	46.76	1.74
SURGERY	112	130	6,456.96	49.67	.006	57.65	.32
PATHOLOGY	399	1,475	17,350.34	11.76	.073	43.48	.86
RADIOLOGY	452	569	42,024.78	73.86	.028	92.98	2.09
ROOM USE	817	1,033	43,148.04	41.77	.051	52.81	2.14
CROSSOVERS/ALL OTH OUTPTNT	568	1,054	20,140.71	19.11	.052	35.46	1.00
@COUNTY HOSPITAL TOTAL	19	85	\$ 15,132.95	\$ 178.03	.004	\$ 796.47	\$.75
CO HOSPITAL INPATIENT TOTAL	4	11	13,102.04	1191.09	.001	3275.51	.65
HSC HOSPITALS	4	11	13,102.04	1191.09	.001	3275.51	.65
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	17	74	2,030.91	27.44	.004	119.47	.10
MEDICAL	6	11	331.26	30.11	.001	55.21	.02
SURGERY	2	2	9.98	4.99	.000	4.99	.00
PATHOLOGY	6	32	429.49	13.42	.002	71.58	.02
RADIOLOGY	3	4	353.75	88.44	.000	117.92	.02
ROOM USE	10	18	738.81	41.05	.001	73.88	.04
CROSSOVERS/ALL OTH OUTPTNT	4	7	167.62	23.95	.000	41.91	.01

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	20,137 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,609	5,664	\$	842,503.93	\$ 148.75	.281	\$ 523.62	\$ 41.84
COMM HOSP INPATIENT TOTAL	116	469		680,297.04	1450.53	.023	5864.63	33.78
HSC HOSPITALS	108	438		626,845.69	1431.15	.022	5804.13	31.13
NON-HSC HOSPITALS TOTAL	10	31		53,451.35	1724.24	.002	5345.14	2.65
ACCOMMODATIONS	10	31		27,225.41	878.24	.002	2722.54	1.35
ADMINISTRATIVE DAYS	2	5		1,125.72	225.14	.000	562.86	.06
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	26		26,099.69	1003.83	.001	3262.46	1.30
ANCILLARIES	10	0		26,225.94	.00	.000	2622.59	1.30
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,535	5,195		162,206.89	31.22	.258	105.67	8.06
MEDICAL	746	997		34,785.71	34.89	.050	46.63	1.73
SURGERY	110	128		6,446.98	50.37	.006	58.61	.32
PATHOLOGY	394	1,443		16,920.85	11.73	.072	42.95	.84
RADIOLOGY	449	565		41,671.03	73.75	.028	92.81	2.07
ROOM USE	809	1,015		42,409.23	41.78	.050	52.42	2.11

CROSSOVERS/ALL OTH OUTPTNT	565	1,047		19,973.09		19.08	.052	35.35	.99
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	13	141	\$	2,032.66	\$	14.42	.007	\$ 156.36	\$.10
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	13	141		2,032.66		14.42	.007	156.36	.10
@LABORATORY FACILITY	842	3,089	\$	44,783.86	\$	14.50	.153	\$ 53.19	\$ 2.22
PATHOLOGY	838	3,084		44,489.28		14.43	.153	53.09	2.21
XO AND OTHERS	5	5		294.58		58.92	.000	58.92	.01
@ORGANIZED OUTPATIENT CLINIC	2,334	4,879	\$	386,767.66	\$	79.27	.242	\$ 165.71	\$ 19.21
CLINIC	558	2,071		47,495.32		22.93	.103	85.12	2.36
SURGICENTER	1	4		180.08		45.02	.000	180.08	.01
HEROIN DETOX CLINIC	3	32		359.10		11.22	.002	119.70	.02
RURAL HEALTH CLINIC	1,842	2,772		338,733.16		122.20	.138	183.89	16.82

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

PAGE 6,168 01/17/03

	20,137 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	910	20,904	\$	84,807.40	\$ 4.06	1.038	\$ 93.19	\$ 4.21
DURABLE MED. EQUIP.	69	107		11,901.47	111.23	.005	172.49	.59
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	10		2,531.41	253.14	.000	1265.71	.13
MEDICAL TRANSPORTATION	107	1,114		21,409.01	19.22	.055	200.08	1.06
AMBULANCES/AIR TRANS	106	1,109		17,789.17	16.04	.055	167.82	.88
OTHER TRANS	1	3		19.84	6.61	.000	19.84	.00
OTHER SERVICES	2	2		3,600.00	1800.00	.000	1800.00	.18
ACUPUNCTURE	36	149		2,741.08	18.40	.007	76.14	.14
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	18	18		1,499.00	83.28	.001	83.28	.07
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	198	518		5,639.74	10.89	.026	28.48	.28
PHYSICAL THERAPIST	1	1		26.13	26.13	.000	26.13	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	13	32		5,662.74	176.96	.002	435.60	.28
PROSTHETICS	12	31		5,574.05	179.81	.002	464.50	.28
ORTHOTICS	1	1		88.69	88.69	.000	88.69	.00
PSYCHOLOGIST	4	29		1,870.76	64.51	.001	467.69	.09
SPEECH AND AUDIOLOGY	7	15		837.37	55.82	.001	119.62	.04

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	461	2,894	28,637.49	9.90	.144	62.12	1.42
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	16,017	2,051.20	.13	.795	227.91	.10
@CALIF. CHILDREN SERVICES*	83	946	\$ 224,180.83	\$ 236.98	.047	\$ 2700.97	\$ 11.13
@XOVER EXCLUDING STATE HOSP**	1	1	\$ 24.00	\$ 24.00	.000	\$ 24.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,169
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE		

65,263 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	41,904	1,188,959	\$ 29,364,558.95	\$ 24.70	18.218	\$ 700.76	\$ 449.94
@PHYSICIANS SERVICES	10,890	29,641	\$ 1,093,412.87	\$ 36.89	.454	\$ 100.41	\$ 16.75
OUTPATIENT VISITS	5,666	7,777	297,523.50	38.26	.119	52.51	4.56
OFFICE VISITS	3,579	4,778	153,971.30	32.23	.073	43.02	2.36
HOME VISITS	100	116	4,463.39	38.48	.002	44.63	.07
EMERGENCY ROOM	2,197	2,616	129,022.50	49.32	.040	58.73	1.98
PREVENTIVE CARE	9	9	423.49	47.05	.000	47.05	.01
OB VISITS/COMPRE PERI	18	27	2,351.79	87.10	.000	130.66	.04
OTHER OUTPATIENT	202	231	7,291.03	31.56	.004	36.09	.11
INPATIENT VISITS	785	2,909	149,767.81	51.48	.045	190.79	2.29
HOSPITAL VISITS	572	2,353	108,066.70	45.93	.036	188.93	1.66
CRITICAL CARE	60	241	31,006.15	128.66	.004	516.77	.48
SNF/ICF/TRANS IP CARE	229	315	10,694.96	33.95	.005	46.70	.16
OPHTHALMOLOGICAL SERVICES	248	290	12,612.42	43.49	.004	50.86	.19
EXAMINATIONS	248	290	12,612.42	43.49	.004	50.86	.19
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	309	1,872	156,068.50	83.37	.029	505.08	2.39
PRINCIPAL SURGEON	217	319	117,323.92	367.79	.005	540.66	1.80
ASSISTANT SURGEON	21	22	3,328.41	151.29	.000	158.50	.05
ANESTHESIOLOGIST	114	1,531	35,416.17	23.13	.023	310.67	.54
OUTPATIENT SURGERY	671	1,621	102,014.29	62.93	.025	152.03	1.56
PRINCIPAL SURGEON	564	695	81,758.22	117.64	.011	144.96	1.25
ASSISTANT SURGEON	1	1	107.22	107.22	.000	107.22	.00
ANESTHESIOLOGIST	132	925	20,148.85	21.78	.014	152.64	.31
DIALYSIS	22	162	9,211.92	56.86	.002	418.72	.14
PATHOLOGY	601	1,388	14,772.64	10.64	.021	24.58	.23
RADIOLOGY	1,887	3,170	122,781.53	38.73	.049	65.07	1.88
PSYCHIATRY	14	27	756.60	28.02	.000	54.04	.01
IMMUNIZATION AND INJECTION	152	354	39,642.48	111.98	.005	260.81	.61
OTHER SERVICES/ALL X-OVERS	4,122	10,071	188,261.18	18.69	.154	45.67	2.88
@PHARMACY	31,261	251,477	\$ 15,295,371.04	\$ 60.82	3.853	\$ 489.28	\$ 234.37
PRESCRIPTION DRUGS	30,760	118,389	12,090,938.53	102.13	1.814	393.07	185.26
SNF/ICF	1,158	7,270	778,502.51	107.08	.111	672.28	11.93
OUTPATIENTS	29,778	111,119	11,312,436.02	101.80	1.703	379.89	173.34
MEDICAL SUPPLIES	2,449	133,088	3,204,432.51	24.08	2.039	1308.47	49.10
@DENTIST	4,708	16,168	\$ 667,760.17	\$ 41.30	.248	\$ 141.84	\$ 10.23
VISITS - DIAGNOSTIC	3,363	10,496	179,764.79	17.13	.161	53.45	2.75
ORAL SURGERY	489	942	46,804.04	49.69	.014	95.71	.72

DRUGS	42	51	881.75	17.29	.001	20.99	.01
ANESTHESIA	12	12	1,100.00	91.67	.000	91.67	.02
PERIODONTICS	210	295	48,791.25	165.39	.005	232.34	.75
ENDODONTICS	219	287	53,217.50	185.43	.004	243.00	.82
RESTORATIVE DENTISTRY	1,430	3,257	251,744.25	77.29	.050	176.04	3.86
PROSTHETICS	54	65	2,860.00	44.00	.001	52.96	.04
DENTURES, STAYPLATES	281	653	76,439.02	117.06	.010	272.02	1.17
SPACE MAINTAINERS	3	3	320.00	106.67	.000	106.67	.00
MAXILLOFACIAL SERVICES	9	11	648.07	58.92	.000	72.01	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	44	52	5,035.00	96.83	.001	114.43	.08
ALL OTHER SERVICES	30	44	154.50	3.51	.001	5.15	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,170
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

65,263 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	510	1,304	\$ 34,566.20	\$ 26.51	.020	\$ 67.78	\$.53
DIAGNOSTIC AND ANC. PROCED	350	357	16,542.43	46.34	.005	47.26	.25
EYE APPLIANCES	291	909	15,976.86	17.58	.014	54.90	.24
OTHER OPTOMETRIC SERVICES	34	38	2,046.91	53.87	.001	60.20	.03
@CHIROPRACTOR	15	27	\$ 395.34	\$ 14.64	.000	\$ 26.36	\$.01
VISITS	13	23	384.56	16.72	.000	29.58	.01
OTHER SERVICES	2	4	10.78	2.70	.000	5.39	.00
@PODIATRIST	471	678	\$ 14,722.51	\$ 21.71	.010	\$ 31.26	\$.23
MEDICINE/INJECTIONS	243	286	7,355.14	25.72	.004	30.27	.11
SURGERY/ANES.	30	35	1,160.99	33.17	.001	38.70	.02
RADIO./PATHOLOGY	5	8	138.40	17.30	.000	27.68	.00
OTHER	237	349	6,067.98	17.39	.005	25.60	.09
@HOME HEALTH AGENCY	175	5,154	\$ 151,446.64	\$ 29.38	.079	\$ 865.41	\$ 2.32
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	3	21	\$	489.03	\$	23.29	.000	\$	163.01	\$	.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	15	42	\$	413.37	\$	9.84	.001	\$	27.56	\$	.01
@TOTAL HOSPITAL	6,917	34,600	\$	4,668,941.58	\$	134.94	.530	\$	675.00	\$	71.54
HOSP INPATIENT TOTAL	692	4,653		3,760,823.10		808.26	.071		5434.72		57.63
HSC HOSPITALS	416	2,290		3,089,810.56		1349.26	.035		7427.43		47.34
NON-HSC HOSPITAL TOTAL	72	301		424,466.42		1410.19	.005		5895.37		6.50
ACCOMMODATIONS	71	301		150,260.90		499.21	.005		2116.35		2.30
ADMINISTRATIVE DAYS	33	166		35,410.06		213.31	.003		1073.03		.54
TRANSITIONAL IP CARE	0	0		100.28		.00	.000		.00		.00
ALL OTHER ACCOM	39	135		114,750.56		850.00	.002		2942.32		1.76
ANCILLARIES	72	0		274,205.52		.00	.000		3808.41		4.20
INPATIENT CROSSOVERS	232	2,062		246,546.12		119.57	.032		1062.70		3.78
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6,468	29,947		908,118.48		30.32	.459		140.40		13.91
MEDICAL	2,078	3,341		119,337.91		35.72	.051		57.43		1.83
SURGERY	405	495		37,045.43		74.84	.008		91.47		.57
PATHOLOGY	1,522	7,700		89,736.47		11.65	.118		58.96		1.37
RADIOLOGY	1,359	1,888		158,034.42		83.70	.029		116.29		2.42
ROOM USE	2,305	3,293		147,906.33		44.92	.050		64.17		2.27
CROSSOVERS/ALL OTH OUTPTNT	3,588	13,230		356,057.92		26.91	.203		99.24		5.46
@COUNTY HOSPITAL TOTAL	104	491	\$	66,897.28	\$	136.25	.008	\$	643.24	\$	1.03
CO HOSPITAL INPATIENT TOTAL	13	125		55,346.95		442.78	.002		4257.46		.85
HSC HOSPITALS	10	43		47,118.03		1095.77	.001		4711.80		.72
NON-HSC HOSPITALS TOTAL	1	15		5,812.92		387.53	.000		5812.92		.09
ACCOMMODATIONS	1	15		3,621.48		241.43	.000		3621.48		.06
ADMINISTRATIVE DAYS	1	15		3,571.54		238.10	.000		3571.54		.05
TRANSITIONAL IP CARE	0	0		49.94		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0		2,191.44		.00	.000		2191.44		.03
INPATIENT CROSSOVERS	3	67		2,416.00		36.06	.001		805.33		.04
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	94	366		11,550.33		31.56	.006		122.88		.18
MEDICAL	33	43		1,542.97		35.88	.001		46.76		.02
SURGERY	8	10		197.81		19.78	.000		24.73		.00
PATHOLOGY	34	136		2,047.59		15.06	.002		60.22		.03
RADIOLOGY	23	37		3,534.22		95.52	.001		153.66		.05
ROOM USE	60	75		3,278.78		43.72	.001		54.65		.05
CROSSOVERS/ALL OTH OUTPTNT	30	65		948.96		14.60	.001		31.63		.01

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

					----- MONTHLY AVERAGE -----			
65,263 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	6,829	34,109	\$ 4,602,044.30	\$ 134.92	.523	\$ 673.90	\$ 70.52	
COMM HOSP INPATIENT TOTAL	680	4,528	3,705,476.15	818.35	.069	5449.23	56.78	
HSC HOSPITALS	407	2,247	3,042,692.53	1354.11	.034	7475.90	46.62	
NON-HSC HOSPITALS TOTAL	71	286	418,653.50	1463.82	.004	5896.53	6.41	
ACCOMMODATIONS	70	286	146,639.42	512.73	.004	2094.85	2.25	
ADMINISTRATIVE DAYS	32	151	31,838.52	210.85	.002	994.95	.49	
TRANSITIONAL IP CARE	0	0	50.34	.00	.000	.00	.00	
ALL OTHER ACCOM	39	135	114,750.56	850.00	.002	2942.32	1.76	
ANCILLARIES	71	0	272,014.08	.00	.000	3831.18	4.17	
INPATIENT CROSSOVERS	229	1,995	244,130.12	122.37	.031	1066.07	3.74	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	6,390	29,581		896,568.15	30.31	.453	140.31	13.74
MEDICAL	2,048	3,298		117,794.94	35.72	.051	57.52	1.80
SURGERY	397	485		36,847.62	75.97	.007	92.82	.56
PATHOLOGY	1,491	7,564		87,688.88	11.59	.116	58.81	1.34
RADIOLOGY	1,340	1,851		154,500.20	83.47	.028	115.30	2.37
ROOM USE	2,252	3,218		144,627.55	44.94	.049	64.22	2.22
CROSSOVERS/ALL OTH OUTPTNT	3,562	13,165		355,108.96	26.97	.202	99.69	5.44
@STATE HOSPITAL	3	42	\$	22,860.26	\$ 544.29	.001	\$ 7620.09	\$.35
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	3	42		22,860.26	544.29	.001	7620.09	.35
@NURSING FACILITY	629	18,725	\$	2,560,904.14	\$ 136.76	.287	\$ 4071.39	\$ 39.24
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	96	3,936		468,991.83	119.15	.060	4885.33	7.19
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	4	106		58,633.90	553.15	.002	14658.48	.90
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	530	14,683		2,033,278.41	138.48	.225	3836.37	31.16
@INTERMEDIATE CARE FACIL.-DD	242	8,054	\$	1,199,295.79	\$ 148.91	.123	\$ 4955.77	\$ 18.38
ICF DDH	242	8,054		1,199,295.79	148.91	.123	4955.77	18.38
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	149	1,801	\$	132,123.35	\$ 73.36	.028	\$ 886.73	\$ 2.02
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	149	1,801		132,123.35	73.36	.028	886.73	2.02
@REHABILITATION FACILITY	103	877	\$	14,186.07	\$ 16.18	.013	\$ 137.73	\$.22
HOSPITAL BASED	13	42		1,285.84	30.62	.001	98.91	.02
INDEPENDENT FACILITY	90	835		12,900.23	15.45	.013	143.34	.20
@LABORATORY FACILITY	3,191	16,993	\$	199,625.49	\$ 11.75	.260	\$ 62.56	\$ 3.06
PATHOLOGY	3,145	16,917		195,689.43	11.57	.259	62.22	3.00
XO AND OTHERS	66	76		3,936.06	51.79	.001	59.64	.06
@ORGANIZED OUTPATIENT CLINIC	6,292	11,894	\$	894,276.34	\$ 75.19	.182	\$ 142.13	\$ 13.70
CLINIC	1,205	3,544		82,730.63	23.34	.054	68.66	1.27
SURGICENTER	25	43		4,820.19	112.10	.001	192.81	.07
HEROIN DETOX CLINIC	26	424		4,914.00	11.59	.006	189.00	.08
RURAL HEALTH CLINIC	5,213	7,883		801,811.52	101.71	.121	153.81	12.29

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MARIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

					----- MONTHLY AVERAGE -----			
65,263 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	7,281	791,461	\$ 2,413,768.76	\$ 3.05	12.127	\$ 331.52	\$ 36.99	
DURABLE MED. EQUIP.	452	1,751	251,068.99	143.39	.027	555.46	3.85	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	162	279	34,918.72	125.16	.004	215.55	.54	
MEDICAL TRANSPORTATION	1,041	21,403	178,184.83	8.33	.328	171.17	2.73	
AMBULANCES/AIR TRANS	555	7,331	108,521.83	14.80	.112	195.53	1.66	
OTHER TRANS	98	8,881	24,457.34	2.75	.136	249.56	.37	
OTHER SERVICES	415	5,191	45,205.66	8.71	.080	108.93	.69	
ACUPUNCTURE	192	621	11,082.00	17.85	.010	57.72	.17	
ADULT DAY HEALTH CARE CTR	671	7,722	514,637.37	66.65	.118	766.97	7.89	
GENETIC DISEASE TESTING	20	20	1,609.00	80.45	.000	80.45	.02	
IHMC,MODEL-NF,NF,AIDS,MSSP	1,110	12,656	621,263.69	49.09	.194	559.70	9.52	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	980	2,820	35,231.11	12.49	.043	35.95	.54	
PHYSICAL THERAPIST	7	47	806.64	17.16	.001	115.23	.01	

PORTABLE X-RAY	21	48	908.56	18.93	.001	43.26	.01
PROSTHETIST/ORTHOTISTS	122	322	39,052.59	121.28	.005	320.10	.60
PROSTHETICS	105	288	36,764.88	127.66	.004	350.14	.56
ORTHOTICS	18	34	2,287.71	67.29	.001	127.10	.04
PSYCHOLOGIST	15	51	2,249.59	44.11	.001	149.97	.03
SPEECH AND AUDIOLOGY	864	3,575	140,802.45	39.39	.055	162.97	2.16
HOSPICE SERVICES	61	1,997	247,370.98	123.87	.031	4055.26	3.79
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	840	17,428	138,653.97	7.96	.267	165.06	2.12
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,648	720,721	195,928.27	.27	11.043	118.89	3.00
@CALIF. CHILDREN SERVICES*	421	6,346	\$ 2,302,364.19	\$ 362.81	.097	\$ 5468.80	\$ 35.28
@XOVER EXCLUDING STATE HOSP**	5,993	71,812	\$ 924,596.60	\$ 12.88	1.100	\$ 154.28	\$ 14.17

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,173
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED	AID CODE 14 1H 1U

5,500 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,289	41,936	\$ 1,921,351.65	\$ 45.82	7.625	\$ 584.18	\$ 349.34
@PHYSICIANS SERVICES	716	2,418	\$ 100,717.08	\$ 41.65	.440	\$ 140.67	\$ 18.31
OUTPATIENT VISITS	220	298	13,240.44	44.43	.054	60.18	2.41
OFFICE VISITS	146	201	7,326.87	36.45	.037	50.18	1.33
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	76	87	5,648.35	64.92	.016	74.32	1.03
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	9	10	265.22	26.52	.002	29.47	.05
INPATIENT VISITS	60	403	18,688.86	46.37	.073	311.48	3.40
HOSPITAL VISITS	58	384	16,813.86	43.79	.070	289.89	3.06
CRITICAL CARE	3	13	1,580.80	121.60	.002	526.93	.29
SNF/ICF/TRANS IP CARE	4	6	294.20	49.03	.001	73.55	.05
OPHTHALMOLOGICAL SERVICES	26	30	1,500.61	50.02	.005	57.72	.27
EXAMINATIONS	26	30	1,500.61	50.02	.005	57.72	.27
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	34	204	18,515.05	90.76	.037	544.56	3.37
PRINCIPAL SURGEON	23	39	14,326.87	367.36	.007	622.91	2.60
ASSISTANT SURGEON	3	3	781.09	260.36	.001	260.36	.14
ANESTHESIOLOGIST	12	162	3,407.09	21.03	.029	283.92	.62
OUTPATIENT SURGERY	44	175	15,611.68	89.21	.032	354.81	2.84
PRINCIPAL SURGEON	32	49	13,746.14	280.53	.009	429.57	2.50
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	13	126	1,865.54	14.81	.023	143.50	.34
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	31	97	836.53	8.62	.018	26.98	.15
RADIOLOGY	157	314	13,038.17	41.52	.057	83.05	2.37
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	14	88.01	6.29	.003	12.57	.02
OTHER SERVICES/ALL X-OVERS	396	883	19,197.73	21.74	.161	48.48	3.49
@PHARMACY	2,481	14,259	\$ 601,146.45	\$ 42.16	2.593	\$ 242.30	\$ 109.30
PRESCRIPTION DRUGS	2,447	8,531	592,502.30	69.45	1.551	242.13	107.73

SNF/ICF	121	560		25,707.58		45.91	.102	212.46	4.67
OUTPATIENTS	2,336	7,971		566,794.72		71.11	1.449	242.63	103.05
MEDICAL SUPPLIES	120	5,728		8,644.15		1.51	1.041	72.03	1.57
@DENTIST	285	1,017	\$	56,823.95	\$	55.87	.185	\$ 199.38	\$ 10.33
VISITS - DIAGNOSTIC	177	534		8,445.94		15.82	.097	47.72	1.54
ORAL SURGERY	50	124		5,815.00		46.90	.023	116.30	1.06
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	10	10		1,755.00		175.50	.002	175.50	.32
ENDODONTICS	20	23		4,571.00		198.74	.004	228.55	.83
RESTORATIVE DENTISTRY	74	155		14,451.00		93.23	.028	195.28	2.63
PROSTHETICS	6	11		1,530.00		139.09	.002	255.00	.28
DENTURES, STAYPLATES	53	160		20,256.01		126.60	.029	382.19	3.68
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - NO SOC - AGED

AID CODE 14 1H 1U

PAGE 6,174 01/17/03

5,500 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	34	84	\$ 2,165.92	\$ 25.78	.015	\$ 63.70	\$.39
DIAGNOSTIC AND ANC. PROCED	27	29	1,275.15	43.97	.005	47.23	.23
EYE APPLIANCES	17	53	878.52	16.58	.010	51.68	.16
OTHER OPTOMETRIC SERVICES	1	2	12.25	6.13	.000	12.25	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	39	63	\$ 937.24	\$ 14.88	.011	\$ 24.03	\$.17
MEDICINE/INJECTIONS	7	7	236.60	33.80	.001	33.80	.04
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	32	56	700.64	12.51	.010	21.90	.13
@HOME HEALTH AGENCY	27	219	\$ 15,471.14	\$ 70.64	.040	\$ 573.01	\$ 2.81
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	508	2,774	\$ 448,285.19	\$ 161.60	.504	\$ 882.45	\$ 81.51
HOSP INPATIENT TOTAL	73	476	369,100.36	775.42	.087	5056.17	67.11
HSC HOSPITALS	50	252	323,794.65	1284.90	.046	6475.89	58.87
NON-HSC HOSPITAL TOTAL	4	19	12,233.50	643.87	.003	3058.38	2.22
ACCOMMODATIONS	4	19	4,507.37	237.23	.003	1126.84	.82
ADMINISTRATIVE DAYS	4	19	4,507.37	237.23	.003	1126.84	.82
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	4	0	7,726.13	.00	.000	1931.53	1.40
INPATIENT CROSSOVERS	23	205	33,072.21	161.33	.037	1437.92	6.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	468	2,298	79,184.83	34.46	.418	169.20	14.40
MEDICAL	113	186	6,736.94	36.22	.034	59.62	1.22
SURGERY	26	33	2,145.15	65.00	.006	82.51	.39
PATHOLOGY	118	614	7,193.66	11.72	.112	60.96	1.31

RADIOLOGY	122	196	17,230.14	87.91	.036	141.23	3.13
ROOM USE	108	143	5,851.15	40.92	.026	54.18	1.06
CROSSOVERS/ALL OTH OUTPTNT	276	1,126	40,027.79	35.55	.205	145.03	7.28
@COUNTY HOSPITAL TOTAL	2	6	\$ 214.52	\$ 35.75	.001	\$ 107.26	\$.04
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	6	214.52	35.75	.001	107.26	.04
MEDICAL	2	2	133.36	66.68	.000	66.68	.02
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	4.71	4.71	.000	4.71	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	66.64	33.32	.000	33.32	.01
CROSSOVERS/ALL OTH OUTPTNT	1	1	9.81	9.81	.000	9.81	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,175
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED						AID CODE 14 1H 1U

					----- MONTHLY AVERAGE -----			
5,500 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	508	2,768	\$ 448,070.67	\$ 161.88	.503	\$ 882.03	\$ 81.47	
COMM HOSP INPATIENT TOTAL	73	476	369,100.36	775.42	.087	5056.17	67.11	
HSC HOSPITALS	50	252	323,794.65	1284.90	.046	6475.89	58.87	
NON-HSC HOSPITALS TOTAL	4	19	12,233.50	643.87	.003	3058.38	2.22	
ACCOMMODATIONS	4	19	4,507.37	237.23	.003	1126.84	.82	

ADMINISTRATIVE DAYS	4	19		4,507.37	237.23	.003	1126.84	.82
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	4	0		7,726.13	.00	.000	1931.53	1.40
INPATIENT CROSSOVERS	23	205		33,072.21	161.33	.037	1437.92	6.01
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	468	2,292		78,970.31	34.45	.417	168.74	14.36
MEDICAL	112	184		6,603.58	35.89	.033	58.96	1.20
SURGERY	26	33		2,145.15	65.00	.006	82.51	.39
PATHOLOGY	118	613		7,188.95	11.73	.111	60.92	1.31
RADIOLOGY	122	196		17,230.14	87.91	.036	141.23	3.13
ROOM USE	107	141		5,784.51	41.02	.026	54.06	1.05
CROSSOVERS/ALL OTH OUTPTNT	275	1,125		40,017.98	35.57	.205	145.52	7.28
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	133	3,454	\$	497,937.07	\$ 144.16	.628	\$ 3743.89	\$ 90.53
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	1	36		4,232.55	117.57	.007	4232.55	.77
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	132	3,418		493,704.52	144.44	.621	3740.19	89.76
@INTERMEDIATE CARE FACIL.--DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	23	25	\$	18,604.50	\$ 744.18	.005	\$ 808.89	\$ 3.38
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	23	25		18,604.50	744.18	.005	808.89	3.38
@REHABILITATION FACILITY	1	1	\$	44.37	\$ 44.37	.000	\$ 44.37	\$.01
HOSPITAL BASED	1	1		44.37	44.37	.000	44.37	.01
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	210	1,720	\$	13,661.46	\$ 7.94	.313	\$ 65.05	\$ 2.48
PATHOLOGY	196	1,696		12,419.33	7.32	.308	63.36	2.26
XO AND OTHERS	20	24		1,242.13	51.76	.004	62.11	.23
@ORGANIZED OUTPATIENT CLINIC	457	718	\$	56,997.94	\$ 79.38	.131	\$ 124.72	\$ 10.36
CLINIC	29	52		1,777.15	34.18	.009	61.28	.32
SURGICENTER	3	3		615.99	205.33	.001	205.33	.11
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	434	663		54,604.80	82.36	.121	125.82	9.93
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 6,176
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U							

----- MONTHLY AVERAGE -----								
5,500 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	452	15,184	\$ 108,559.34	\$ 7.15	2.761	\$ 240.18	\$ 19.74	
DURABLE MED. EQUIP.	19	50	6,950.95	139.02	.009	365.84	1.26	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	25	30	2,957.49	98.58	.005	118.30	.54	
MEDICAL TRANSPORTATION	81	611	7,358.65	12.04	.111	90.85	1.34	
AMBULANCES/AIR TRANS	24	160	3,467.69	21.67	.029	144.49	.63	
OTHER TRANS	2	6	53.36	8.89	.001	26.68	.01	
OTHER SERVICES	56	445	3,837.60	8.62	.081	68.53	.70	
ACUPUNCTURE	11	26	475.77	18.30	.005	43.25	.09	

ADULT DAY HEALTH CARE CTR	51	641	42,879.73	66.90	.117	840.78	7.80
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	82	401	28,929.46	72.14	.073	352.80	5.26
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	99	292	3,866.79	13.24	.053	39.06	.70
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	3	3.78	1.26	.001	1.89	.00
PROSTHETIST/ORTHOTISTS	6	16	539.97	33.75	.003	90.00	.10
PROSTHETICS	5	15	458.66	30.58	.003	91.73	.08
ORTHOTICS	1	1	81.31	81.31	.000	81.31	.01
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	13	2,774.79	213.45	.002	396.40	.50
HOSPICE SERVICES	6	24	2,774.81	115.62	.004	462.47	.50
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	126	13,077	9,047.15	.69	2.378	71.80	1.64
@CALIF. CHILDREN SERVICES*	1	0	\$ 90.74	\$.00	.000	\$ 90.74	\$.02
@XOVER EXCLUDING STATE HOSP**	626	2,595	\$ 120,682.41	\$ 46.51	.472	\$ 192.78	\$ 21.94

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,177
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MARIN COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND

AID CODE 24

56 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	27	1,628	\$ 9,734.31	\$ 5.98	29.071	\$ 360.53	\$ 173.83
@PHYSICIANS SERVICES	3	5	\$ 180.87	\$ 36.17	.089	\$ 60.29	\$ 3.23
OUTPATIENT VISITS	3	5	180.87	36.17	.089	60.29	3.23
OFFICE VISITS	3	5	180.87	36.17	.089	60.29	3.23
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00
@PHARMACY	20	1,395	\$	6,263.05	\$	4.49	24.911	\$ 313.15	\$ 111.84
PRESCRIPTION DRUGS	19	68		5,579.44		82.05	1.214	293.65	99.63
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	19	68		5,579.44		82.05	1.214	293.65	99.63
MEDICAL SUPPLIES	3	1,327		683.61		.52	23.696	227.87	12.21
@DENTIST	1	4	\$	190.00	\$	47.50	.071	\$ 190.00	\$ 3.39
VISITS - DIAGNOSTIC	1	3		100.00		33.33	.054	100.00	1.79
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1		90.00		90.00	.018	90.00	1.61
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
MOP024	FEE-FOR-SERVICE/DENTAL								
MARIN COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND								
						AID CODE 24		PAGE 6,178	
								01/17/03	

56 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2	4	\$ 896.50	\$ 224.13	.071	\$ 448.25	\$ 16.01
HOSP INPATIENT TOTAL	1	3	812.00	270.67	.054	812.00	14.50
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	1	3	812.00	270.67	.054	812.00	14.50
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	1	84.50	84.50	.018	84.50	1.51
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	84.50	84.50	.018	84.50	1.51
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,179
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

56 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	4	\$ 896.50	\$ 224.13	.071	\$ 448.25	\$ 16.01
COMM HOSP INPATIENT TOTAL	1	3	812.00	270.67	.054	812.00	14.50
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	3	812.00	270.67	.054	812.00	14.50
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	1	84.50	84.50	.018	84.50	1.51
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	84.50	84.50	.018	84.50	1.51
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	2	9	\$	65.02	\$	7.22	.161	\$ 32.51	\$ 1.16
PATHOLOGY	2	9		65.02		7.22	.161	32.51	1.16
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5	7	\$	359.60	\$	51.37	.125	\$ 71.92	\$ 6.42
CLINIC	4	6		218.50		36.42	.107	54.63	3.90
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		141.10		141.10	.018	141.10	2.52
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
MOP024	FEE-FOR-SERVICE/DENTAL								
MARIN COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND								
				AID CODE 24		----- MONTHLY AVERAGE -----			
56 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	5	204	\$	1,779.27	\$ 8.72	3.643	\$ 355.85	\$ 31.77	
DURABLE MED. EQUIP.	1	2		1,107.25	553.63	.036	1107.25	19.77	
BLOOD BANK	0	0		.00	.00	.000	.00	.00	

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	200	648.28	3.24	3.571	324.14	11.58
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2	23.74	11.87	.036	11.87	.42
@CALIF. CHILDREN SERVICES*	1	2	\$ 1,107.25	\$ 553.63	.036	\$ 1107.25	\$ 19.77
@XOVER EXCLUDING STATE HOSP**	2	2	\$ 835.74	\$ 417.87	.036	\$ 417.87	\$ 14.92

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,181
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G	

3,539 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,814	42,779	\$ 2,525,614.66	\$ 59.04	12.088	\$ 897.52	\$ 713.65
@PHYSICIANS SERVICES	530	2,265	\$ 85,451.30	\$ 37.73	.640	\$ 161.23	\$ 24.15
OUTPATIENT VISITS	172	278	10,796.29	38.84	.079	62.77	3.05
OFFICE VISITS	111	160	4,750.92	29.69	.045	42.80	1.34
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	65	98	5,484.21	55.96	.028	84.37	1.55
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	17	20	561.16	28.06	.006	33.01	.16
INPATIENT VISITS	57	442	19,331.13	43.74	.125	339.14	5.46
HOSPITAL VISITS	51	412	16,549.03	40.17	.116	324.49	4.68
CRITICAL CARE	6	22	2,460.40	111.84	.006	410.07	.70
SNF/ICF/TRANS IP CARE	6	8	321.70	40.21	.002	53.62	.09
OPHTHALMOLOGICAL SERVICES	6	6	282.31	47.05	.002	47.05	.08
EXAMINATIONS	6	6	282.31	47.05	.002	47.05	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	21	44	5,646.33	128.33	.012	268.87	1.60
PRINCIPAL SURGEON	21	28	5,244.94	187.32	.008	249.76	1.48
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	16	401.39	25.09	.005	200.70	.11

OUTPATIENT SURGERY	35	125		5,175.43		41.40	.035	147.87	1.46
PRINCIPAL SURGEON	32	38		4,797.99		126.26	.011	149.94	1.36
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	3	87		377.44		4.34	.025	125.81	.11
DIALYSIS	1	1		225.04		225.04	.000	225.04	.06
PATHOLOGY	28	128		893.85		6.98	.036	31.92	.25
RADIOLOGY	71	171		8,109.49		47.42	.048	114.22	2.29
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	37		21,131.78		571.13	.010	3521.96	5.97
OTHER SERVICES/ALL X-OVERS	329	1,033		13,859.65		13.42	.292	42.13	3.92
@PHARMACY	2,345	14,099	\$	1,396,146.01	\$	99.02	3.984	\$ 595.37	\$ 394.50
PRESCRIPTION DRUGS	2,329	10,845		1,383,622.26		127.58	3.064	594.08	390.96
SNF/ICF	100	744		131,554.56		176.82	.210	1315.55	37.17
OUTPATIENTS	2,243	10,101		1,252,067.70		123.95	2.854	558.21	353.79
MEDICAL SUPPLIES	125	3,254		12,523.75		3.85	.919	100.19	3.54
@DENTIST	292	845	\$	38,487.72	\$	45.55	.239	\$ 131.81	\$ 10.88
VISITS - DIAGNOSTIC	201	527		9,580.72		18.18	.149	47.67	2.71
ORAL SURGERY	29	51		2,599.00		50.96	.014	89.62	.73
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	11	13		2,255.00		173.46	.004	205.00	.64
ENDODONTICS	16	17		3,173.00		186.65	.005	198.31	.90
RESTORATIVE DENTISTRY	88	203		16,650.00		82.02	.057	189.20	4.70
PROSTHETICS	10	10		230.00		23.00	.003	23.00	.06
DENTURES, STAYPLATES	13	24		4,000.00		166.67	.007	307.69	1.13
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 6,182
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G								
							----- MONTHLY AVERAGE -----		
3,539 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	23	41	\$	1,377.77	\$ 33.60	.012	\$ 59.90	\$.39	
DIAGNOSTIC AND ANC. PROCED	13	13		616.85	47.45	.004	47.45	.17	
EYE APPLIANCES	12	25		747.76	29.91	.007	62.31	.21	
OTHER OPTOMETRIC SERVICES	2	3		13.16	4.39	.001	6.58	.00	
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
@PODIATRIST	38	47	\$	243.10	\$ 5.17	.013	\$ 6.40	\$.07	
MEDICINE/INJECTIONS	1	1		51.00	51.00	.000	51.00	.01	
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00	
OTHER	37	46		192.10	4.18	.013	5.19	.05	
@HOME HEALTH AGENCY	18	3,597	\$	107,700.69	\$ 29.94	1.016	\$ 5983.37	\$ 30.43	
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	459	2,989	\$	604,721.17	\$ 202.32	.845	\$ 1317.48	\$ 170.87	
HOSP INPATIENT TOTAL	59	531		530,350.99	998.78	.150	8989.00	149.86	
HSC HOSPITALS	26	237		368,796.00	1556.10	.067	14184.46	104.21	

NON-HSC HOSPITAL TOTAL	6	54	133,213.48	2466.92	.015	22202.25	37.64
ACCOMMODATIONS	6	54	30,643.69	567.48	.015	5107.28	8.66
ADMINISTRATIVE DAYS	3	24	5,519.89	230.00	.007	1839.96	1.56
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	30	25,123.80	837.46	.008	8374.60	7.10
ANCILLARIES	6	0	102,569.79	.00	.000	17094.97	28.98
INPATIENT CROSSOVERS	30	240	28,341.51	118.09	.068	944.72	8.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	417	2,458	74,370.18	30.26	.695	178.35	21.01
MEDICAL	83	152	6,234.51	41.02	.043	75.11	1.76
SURGERY	19	53	1,356.39	25.59	.015	71.39	.38
PATHOLOGY	67	395	4,671.43	11.83	.112	69.72	1.32
RADIOLOGY	44	113	14,126.20	125.01	.032	321.05	3.99
ROOM USE	92	186	7,986.98	42.94	.053	86.82	2.26
CROSSOVERS/ALL OTH OUTPTNT	323	1,559	39,994.67	25.65	.441	123.82	11.30
@COUNTY HOSPITAL TOTAL	4	9	\$ 240.47	\$ 26.72	.003	\$ 60.12	\$.07
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	9	240.47	26.72	.003	60.12	.07
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	3	50.50	16.83	.001	25.25	.01
RADIOLOGY	1	1	14.59	14.59	.000	14.59	.00
ROOM USE	3	3	154.66	51.55	.001	51.55	.04
CROSSOVERS/ALL OTH OUTPTNT	2	2	20.72	10.36	.001	10.36	.01

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 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 MARIN COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

	3,539 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	455	2,980	\$	604,480.70	\$ 202.85	.842	\$ 1328.53	\$ 170.81
COMM HOSP INPATIENT TOTAL	59	531		530,350.99	998.78	.150	8989.00	149.86
HSC HOSPITALS	26	237		368,796.00	1556.10	.067	14184.46	104.21
NON-HSC HOSPITALS TOTAL	6	54		133,213.48	2466.92	.015	22202.25	37.64
ACCOMMODATIONS	6	54		30,643.69	567.48	.015	5107.28	8.66
ADMINISTRATIVE DAYS	3	24		5,519.89	230.00	.007	1839.96	1.56
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	30		25,123.80	837.46	.008	8374.60	7.10
ANCILLARIES	6	0		102,569.79	.00	.000	17094.97	28.98
INPATIENT CROSSOVERS	30	240		28,341.51	118.09	.068	944.72	8.01
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	413	2,449		74,129.71	30.27	.692	179.49	20.95
MEDICAL	83	152		6,234.51	41.02	.043	75.11	1.76
SURGERY	19	53		1,356.39	25.59	.015	71.39	.38
PATHOLOGY	65	392		4,620.93	11.79	.111	71.09	1.31
RADIOLOGY	43	112		14,111.61	126.00	.032	328.18	3.99
ROOM USE	89	183		7,832.32	42.80	.052	88.00	2.21

CROSSEOVERS/ALL OTH OUTPTNT	321	1,557		39,973.95	25.67	.440	124.53	11.30
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	32	1,097	\$	139,340.21	\$ 127.02	.310	\$ 4354.38	\$ 39.37
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	13	630		74,253.04	117.86	.178	5711.77	20.98
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	19	467		65,087.17	139.37	.132	3425.64	18.39
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	26	83	\$	21,099.96	\$ 254.22	.023	\$ 811.54	\$ 5.96
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	26	83		21,099.96	254.22	.023	811.54	5.96
@REHABILITATION FACILITY	3	41	\$	624.50	\$ 15.23	.012	\$ 208.17	\$.18
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	3	41		624.50	15.23	.012	208.17	.18
@LABORATORY FACILITY	147	825	\$	11,427.46	\$ 13.85	.233	\$ 77.74	\$ 3.23
PATHOLOGY	138	813		11,042.44	13.58	.230	80.02	3.12
XO AND OTHERS	11	12		385.02	32.09	.003	35.00	.11
@ORGANIZED OUTPATIENT CLINIC	275	485	\$	26,090.32	\$ 53.79	.137	\$ 94.87	\$ 7.37
CLINIC	54	141		2,736.66	19.41	.040	50.68	.77
SURGICENTER	2	2		490.66	245.33	.001	245.33	.14
HEROIN DETOX CLINIC	2	12		178.61	14.88	.003	89.31	.05
RURAL HEALTH CLINIC	225	330		22,684.39	68.74	.093	100.82	6.41

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

PAGE 6,184 01/17/03

3,539 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	271	16,365	\$	92,904.45	\$ 5.68	4.624	\$ 342.82	\$ 26.25
DURABLE MED. EQUIP.	8	27		3,676.90	136.18	.008	459.61	1.04
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2		55.24	27.62	.001	55.24	.02
MEDICAL TRANSPORTATION	52	709		6,418.73	9.05	.200	123.44	1.81
AMBULANCES/AIR TRANS	26	432		4,742.73	10.98	.122	182.41	1.34
OTHER TRANS	3	25		99.85	3.99	.007	33.28	.03
OTHER SERVICES	23	252		1,576.15	6.25	.071	68.53	.45
ACUPUNCTURE	1	4		75.69	18.92	.001	75.69	.02
ADULT DAY HEALTH CARE CTR	28	384		25,636.46	66.76	.109	915.59	7.24
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	22	94		8,433.72	89.72	.027	383.35	2.38
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	57	191		2,428.00	12.71	.054	42.60	.69
PHYSICAL THERAPIST	1	3		68.92	22.97	.001	68.92	.02
PORTABLE X-RAY	1	3		6.79	2.26	.001	6.79	.00
PROSTHETIST/ORTHOTISTS	7	19		1,389.32	73.12	.005	198.47	.39
PROSTHETICS	7	19		1,389.32	73.12	.005	198.47	.39
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	12	40		1,605.01	40.13	.011	133.75	.45

HOSPICE SERVICES	8	225		31,137.17	138.39	.064	3892.15	8.80
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	22	1,123		5,745.30	5.12	.317	261.15	1.62
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	76	13,541		6,227.20	.46	3.826	81.94	1.76
@CALIF. CHILDREN SERVICES*	10	59	\$	4,033.82	\$ 68.37	.017	\$ 403.38	\$ 1.14
@XOVER EXCLUDING STATE HOSP**	586	4,887	\$	102,619.64	\$ 21.00	1.381	\$ 175.12	\$ 29.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,185
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR	MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J	

54,529 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	19,277	98,173	\$ 6,590,101.34	\$ 67.13	1.800	\$ 341.86	\$ 120.85
@PHYSICIANS SERVICES	5,721	13,437	\$ 682,103.07	\$ 50.76	.246	\$ 119.23	\$ 12.51
OUTPATIENT VISITS	3,640	4,654	177,956.64	38.24	.085	48.89	3.26
OFFICE VISITS	1,914	2,459	78,735.45	32.02	.045	41.14	1.44
HOME VISITS	1	1	44.95	44.95	.000	44.95	.00
EMERGENCY ROOM	1,757	2,004	91,004.82	45.41	.037	51.80	1.67
PREVENTIVE CARE	6	6	257.98	43.00	.000	43.00	.00
OB VISITS/COMPRE PERI	44	102	5,294.04	51.90	.002	120.32	.10
OTHER OUTPATIENT	75	82	2,619.40	31.94	.002	34.93	.05
INPATIENT VISITS	240	1,002	73,917.57	73.77	.018	307.99	1.36
HOSPITAL VISITS	229	762	36,808.39	48.30	.014	160.74	.68
CRITICAL CARE	31	229	36,841.68	160.88	.004	1188.44	.68
SNF/ICF/TRANS IP CARE	5	11	267.50	24.32	.000	53.50	.00
OPHTHALMOLOGICAL SERVICES	132	158	6,825.86	43.20	.003	51.71	.13

EXAMINATIONS	132	158		6,825.86	43.20	.003	51.71	.13
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	479	1,743		217,701.96	124.90	.032	454.49	3.99
PRINCIPAL SURGEON	345	396		179,965.23	454.46	.007	521.64	3.30
ASSISTANT SURGEON	19	19		3,574.28	188.12	.000	188.12	.07
ANESTHESIOLOGIST	151	1,328		34,162.45	25.72	.024	226.24	.63
OUTPATIENT SURGERY	545	1,262		68,043.37	53.92	.023	124.85	1.25
PRINCIPAL SURGEON	473	640		54,081.80	84.50	.012	114.34	.99
ASSISTANT SURGEON	2	2		284.29	142.15	.000	142.15	.01
ANESTHESIOLOGIST	101	620		13,677.28	22.06	.011	135.42	.25
DIALYSIS	5	6		1,607.46	267.91	.000	321.49	.03
PATHOLOGY	359	693		7,258.31	10.47	.013	20.22	.13
RADIOLOGY	1,561	2,162		75,813.80	35.07	.040	48.57	1.39
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	75	165		1,577.77	9.56	.003	21.04	.03
OTHER SERVICES/ALL X-OVERS	697	1,592		51,400.33	32.29	.029	73.75	.94
@PHARMACY	7,856	19,616	\$	943,553.85	\$ 48.10	.360	\$ 120.11	\$ 17.30
PRESCRIPTION DRUGS	7,754	16,712		909,092.15	54.40	.306	117.24	16.67
SNF/ICF	33	95		34,754.45	365.84	.002	1053.17	.64
OUTPATIENTS	7,731	16,617		874,337.70	52.62	.305	113.10	16.03
MEDICAL SUPPLIES	305	2,904		34,461.70	11.87	.053	112.99	.63
@DENTIST	2,509	8,971	\$	299,242.09	\$ 33.36	.165	\$ 119.27	\$ 5.49
VISITS - DIAGNOSTIC	1,833	6,030		105,724.57	17.53	.111	57.68	1.94
ORAL SURGERY	263	452		26,478.00	58.58	.008	100.68	.49
DRUGS	74	80		1,671.75	20.90	.001	22.59	.03
ANESTHESIA	15	15		1,400.00	93.33	.000	93.33	.03
PERIODONTICS	50	53		7,506.25	141.63	.001	150.13	.14
ENDODONTICS	159	244		33,828.75	138.64	.004	212.76	.62
RESTORATIVE DENTISTRY	841	1,907		112,498.50	58.99	.035	133.77	2.06
PROSTHETICS	10	12		300.00	25.00	.000	30.00	.01
DENTURES, STAYPLATES	20	85		5,237.00	61.61	.002	261.85	.10
SPACE MAINTAINERS	13	15		1,440.00	96.00	.000	110.77	.03
MAXILLOFACIAL SERVICES	4	5		250.00	50.00	.000	62.50	.00
FRACTURES, DISLOCATIONS	3	3		105.00	35.00	.000	35.00	.00
ORTHODONTIC SERVICES	42	52		2,652.27	51.01	.001	63.15	.05
ALL OTHER SERVICES	11	18		150.00	8.33	.000	13.64	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 6,186
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J							

						----- MONTHLY AVERAGE -----		
54,529 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	197	402	\$	11,608.52	\$ 28.88	.007	\$ 58.93	\$.21
DIAGNOSTIC AND ANC. PROCED	177	177		8,330.62	47.07	.003	47.07	.15
EYE APPLIANCES	72	225		3,277.90	14.57	.004	45.53	.06
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	10	21	\$	351.12	\$ 16.72	.000	\$ 35.11	\$.01
VISITS	10	21		351.12	16.72	.000	35.11	.01
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	39	68	\$	2,326.64	\$ 34.22	.001	\$ 59.66	\$.04
MEDICINE/INJECTIONS	37	41		1,193.98	29.12	.001	32.27	.02
SURGERY/ANES.	5	6		74.00	12.33	.000	14.80	.00
RADIO./PATHOLOGY	5	9		159.14	17.68	.000	31.83	.00
OTHER	6	12		899.52	74.96	.000	149.92	.02
@HOME HEALTH AGENCY	242	437	\$	24,379.48	\$ 55.79	.008	\$ 100.74	\$.45
NURSE ANESTHESIST	1	15	\$	248.54	\$ 16.57	.000	\$ 248.54	\$.00

NURSE MIDWIFE	2	12	\$	309.21	\$	25.77	.000	\$	154.61	\$	.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	6.38	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	2	7	\$	63.10	\$	9.01	.000	\$	31.55	\$	.00
@TOTAL HOSPITAL	3,626	13,792	\$	3,042,969.52	\$	220.63	.253	\$	839.21	\$	55.80
HOSP INPATIENT TOTAL	487	1,887		2,630,449.64		1393.98	.035		5401.33		48.24
HSC HOSPITALS	467	1,831		2,550,297.68		1392.84	.034		5461.02		46.77
NON-HSC HOSPITAL TOTAL	20	51		79,339.96		1555.69	.001		3967.00		1.46
ACCOMMODATIONS	20	51		30,165.40		591.48	.001		1508.27		.55
ADMINISTRATIVE DAYS	2	2		61.37		30.69	.000		30.69		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	19	49		30,104.03		614.37	.001		1584.42		.55
ANCILLARIES	20	0		49,174.56		.00	.000		2458.73		.90
INPATIENT CROSSOVERS	1	5		812.00		162.40	.000		812.00		.01
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3,283	11,905		412,519.88		34.65	.218		125.65		7.57
MEDICAL	1,351	1,828		68,414.61		37.43	.034		50.64		1.25
SURGERY	259	369		15,331.28		41.55	.007		59.19		.28
PATHOLOGY	1,040	3,741		39,937.67		10.68	.069		38.40		.73
RADIOLOGY	1,036	1,302		92,566.72		71.10	.024		89.35		1.70
ROOM USE	1,610	2,068		87,453.40		42.29	.038		54.32		1.60
CROSSOVERS/ALL OTH OUTPTNT	1,284	2,597		108,816.20		41.90	.048		84.75		2.00
@COUNTY HOSPITAL TOTAL	51	278	\$	18,747.93	\$	67.44	.005	\$	367.61	\$	.34
CO HOSPITAL INPATIENT TOTAL	6	11		11,403.02		1036.64	.000		1900.50		.21
HSC HOSPITALS	6	11		11,403.02		1036.64	.000		1900.50		.21
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	46	267		7,344.91		27.51	.005		159.67		.13
MEDICAL	13	16		414.80		25.93	.000		31.91		.01
SURGERY	14	19		550.41		28.97	.000		39.32		.01
PATHOLOGY	26	129		2,543.13		19.71	.002		97.81		.05
RADIOLOGY	6	6		363.43		60.57	.000		60.57		.01
ROOM USE	29	51		2,541.46		49.83	.001		87.64		.05
CROSSOVERS/ALL OTH OUTPTNT	19	46		931.68		20.25	.001		49.04		.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,187
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

		----- MONTHLY AVERAGE -----						
54,529 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	3,580	13,514	\$ 3,024,221.59	\$ 223.78	.248	\$ 844.75	\$ 55.46	
COMM HOSP INPATIENT TOTAL	481	1,876	2,619,046.62	1396.08	.034	5445.00	48.03	
HSC HOSPITALS	461	1,820	2,538,894.66	1395.00	.033	5507.36	46.56	
NON-HSC HOSPITALS TOTAL	20	51	79,339.96	1555.69	.001	3967.00	1.46	
ACCOMMODATIONS	20	51	30,165.40	591.48	.001	1508.27	.55	
ADMINISTRATIVE DAYS	2	2	61.37	30.69	.000	30.69	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	19	49	30,104.03	614.37	.001	1584.42	.55	
ANCILLARIES	20	0	49,174.56	.00	.000	2458.73	.90	
INPATIENT CROSSOVERS	1	5	812.00	162.40	.000	812.00	.01	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	3,242	11,638		405,174.97	34.81	.213	124.98	7.43
MEDICAL	1,339	1,812		67,999.81	37.53	.033	50.78	1.25
SURGERY	246	350		14,780.87	42.23	.006	60.08	.27
PATHOLOGY	1,014	3,612		37,394.54	10.35	.066	36.88	.69
RADIOLOGY	1,031	1,296		92,203.29	71.14	.024	89.43	1.69
ROOM USE	1,586	2,017		84,911.94	42.10	.037	53.54	1.56
CROSSOVERS/ALL OTH OUTPTNT	1,266	2,551		107,884.52	42.29	.047	85.22	1.98
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	3	348	\$	42,509.64	\$ 122.15	.006	\$ 14169.88	\$.78
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	3	348		42,509.64	122.15	.006	14169.88	.78
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	9	443	\$	13,631.75	\$ 30.77	.008	\$ 1514.64	\$.25
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	9	443		13,631.75	30.77	.008	1514.64	.25
@REHABILITATION FACILITY	8	94	\$	1,375.78	\$ 14.64	.002	\$ 171.97	\$.03
HOSPITAL BASED	0	1CR		7.58	7.58CR	.000	.00	.00
INDEPENDENT FACILITY	8	95		1,368.20	14.40	.002	171.03	.03
@LABORATORY FACILITY	2,709	10,073	\$	136,993.74	\$ 13.60	.185	\$ 50.57	\$ 2.51
PATHOLOGY	2,699	10,058		135,717.87	13.49	.184	50.28	2.49
XO AND OTHERS	13	15		1,275.87	85.06	.000	98.14	.02
@ORGANIZED OUTPATIENT CLINIC	6,835	22,400	\$	1,256,082.96	\$ 56.08	.411	\$ 183.77	\$ 23.04
CLINIC	2,128	14,175		261,523.35	18.45	.260	122.90	4.80
SURGICENTER	2	9		199.88	22.21	.000	99.94	.00
HEROIN DETOX CLINIC	3	46		540.36	11.75	.001	180.12	.01
RURAL HEALTH CLINIC	5,023	8,170		993,819.37	121.64	.150	197.85	18.23

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,188
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

						----- MONTHLY AVERAGE -----		
54,529 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	1,310	8,037	\$ 132,345.95	\$ 16.47	.147	\$ 101.03	\$ 2.43	
DURABLE MED. EQUIP.	59	81	5,971.64	73.72	.001	101.21	.11	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	11	47	5,652.83	120.27	.001	513.89	.10	
MEDICAL TRANSPORTATION	136	1,412	36,855.31	26.10	.026	270.99	.68	
AMBULANCES/AIR TRANS	135	1,400	24,214.02	17.30	.026	179.36	.44	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	8	12	12,641.29	1053.44	.000	1580.16	.23	
ACUPUNCTURE	36	80	1,459.75	18.25	.001	40.55	.03	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	175	177	14,981.00	84.64	.003	85.61	.27	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	296	804	9,426.48	11.72	.015	31.85	.17	
PHYSICAL THERAPIST	2	5	89.96	17.99	.000	44.98	.00	

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	51	137	19,520.83	142.49	.003	382.76	.36
PROSTHETICS	46	131	19,080.99	145.66	.002	414.80	.35
ORTHOTICS	5	6	439.84	73.31	.000	87.97	.01
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	6	13	652.84	50.22	.000	108.81	.01
HOSPICE SERVICES	1	5	818.55	163.71	.000	818.55	.02
NONINST BIRTHING CENTERS	1	1	1,007.23	1007.23	.000	1007.23	.02
LOCAL EDUCATION AGENCIES	532	3,248	34,751.77	10.70	.060	65.32	.64
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	16	2,027	1,157.76	.57	.037	72.36	.02
@CALIF. CHILDREN SERVICES*	226	2,209	\$ 499,604.63	\$ 226.17	.041	\$ 2210.64	\$ 9.16
@XOVER EXCLUDING STATE HOSP**	69	235	\$ 17,199.90	\$ 73.19	.004	\$ 249.27	\$.32

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,189
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC	

63,624 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	25,407	184,516	\$ 11,046,801.96	\$ 59.87	2.900	\$ 434.79	\$ 173.63
@PHYSICIANS SERVICES	6,970	18,125	\$ 868,452.32	\$ 47.91	.285	\$ 124.60	\$ 13.65
OUTPATIENT VISITS	4,035	5,235	202,174.24	38.62	.082	50.11	3.18
OFFICE VISITS	2,174	2,825	90,994.11	32.21	.044	41.86	1.43
HOME VISITS	1	1	44.95	44.95	.000	44.95	.00
EMERGENCY ROOM	1,898	2,189	102,137.38	46.66	.034	53.81	1.61
PREVENTIVE CARE	6	6	257.98	43.00	.000	43.00	.00
OB VISITS/COMPRE PERI	44	102	5,294.04	51.90	.002	120.32	.08
OTHER OUTPATIENT	101	112	3,445.78	30.77	.002	34.12	.05
INPATIENT VISITS	357	1,847	111,937.56	60.61	.029	313.55	1.76
HOSPITAL VISITS	338	1,558	70,171.28	45.04	.024	207.61	1.10
CRITICAL CARE	40	264	40,882.88	154.86	.004	1022.07	.64
SNF/ICF/TRANS IP CARE	15	25	883.40	35.34	.000	58.89	.01
OPHTHALMOLOGICAL SERVICES	164	194	8,608.78	44.38	.003	52.49	.14
EXAMINATIONS	164	194	8,608.78	44.38	.003	52.49	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	534	1,991	241,863.34	121.48	.031	452.93	3.80
PRINCIPAL SURGEON	389	463	199,537.04	430.97	.007	512.95	3.14
ASSISTANT SURGEON	22	22	4,355.37	197.97	.000	197.97	.07
ANESTHESIOLOGIST	165	1,506	37,970.93	25.21	.024	230.13	.60
OUTPATIENT SURGERY	624	1,562	88,830.48	56.87	.025	142.36	1.40
PRINCIPAL SURGEON	537	727	72,625.93	99.90	.011	135.24	1.14
ASSISTANT SURGEON	2	2	284.29	142.15	.000	142.15	.00
ANESTHESIOLOGIST	117	833	15,920.26	19.11	.013	136.07	.25
DIALYSIS	6	7	1,832.50	261.79	.000	305.42	.03
PATHOLOGY	418	918	8,988.69	9.79	.014	21.50	.14
RADIOLOGY	1,789	2,647	96,961.46	36.63	.042	54.20	1.52
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	88	216	22,797.56	105.54	.003	259.06	.36
OTHER SERVICES/ALL X-OVERS	1,422	3,508	84,457.71	24.08	.055	59.39	1.33
@PHARMACY	12,702	49,369	\$ 2,947,109.36	\$ 59.70	.776	\$ 232.02	\$ 46.32
PRESCRIPTION DRUGS	12,549	36,156	2,890,796.15	79.95	.568	230.36	45.44

SNF/ICF	254	1,399		192,016.59		137.25	.022	755.97	3.02
OUTPATIENTS	12,329	34,757		2,698,779.56		77.65	.546	218.90	42.42
MEDICAL SUPPLIES	553	13,213		56,313.21		4.26	.208	101.83	.89
@DENTIST	3,087	10,837	\$	394,743.76	\$	36.43	.170	\$ 127.87	\$ 6.20
VISITS - DIAGNOSTIC	2,212	7,094		123,851.23		17.46	.111	55.99	1.95
ORAL SURGERY	342	627		34,892.00		55.65	.010	102.02	.55
DRUGS	74	80		1,671.75		20.90	.001	22.59	.03
ANESTHESIA	15	15		1,400.00		93.33	.000	93.33	.02
PERIODONTICS	71	76		11,516.25		151.53	.001	162.20	.18
ENDODONTICS	195	284		41,572.75		146.38	.004	213.19	.65
RESTORATIVE DENTISTRY	1,004	2,266		143,689.50		63.41	.036	143.12	2.26
PROSTHETICS	26	33		2,060.00		62.42	.001	79.23	.03
DENTURES, STAYPLATES	86	269		29,493.01		109.64	.004	342.94	.46
SPACE MAINTAINERS	13	15		1,440.00		96.00	.000	110.77	.02
MAXILLOFACIAL SERVICES	4	5		250.00		50.00	.000	62.50	.00
FRACTURES, DISLOCATIONS	3	3		105.00		35.00	.000	35.00	.00
ORTHODONTIC SERVICES	42	52		2,652.27		51.01	.001	63.15	.04
ALL OTHER SERVICES	11	18		150.00		8.33	.000	13.64	.00

#CALIF DEPT OF HEALTH SERV MOP024
MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

PAGE 6,190
01/17/03

						----- MONTHLY AVERAGE -----			
63,624 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	254	527	\$	15,152.21	\$ 28.75	.008	\$ 59.65	\$.24	
DIAGNOSTIC AND ANC. PROCED	217	219		10,222.62	46.68	.003	47.11	.16	
EYE APPLIANCES	101	303		4,904.18	16.19	.005	48.56	.08	
OTHER OPTOMETRIC SERVICES	3	5		25.41	5.08	.000	8.47	.00	
@CHIROPRACTOR	10	21	\$	351.12	\$ 16.72	.000	\$ 35.11	\$.01	
VISITS	10	21		351.12	16.72	.000	35.11	.01	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
@PODIATRIST	116	178	\$	3,506.98	\$ 19.70	.003	\$ 30.23	\$.06	

MEDICINE/INJECTIONS	45	49		1,481.58	30.24	.001	32.92	.02
SURGERY/ANES.	5	6		74.00	12.33	.000	14.80	.00
RADIO./PATHOLOGY	5	9		159.14	17.68	.000	31.83	.00
OTHER	75	114		1,792.26	15.72	.002	23.90	.03
@HOME HEALTH AGENCY	287	4,253	\$	147,551.31	\$ 34.69	.067	\$ 514.12	\$ 2.32
NURSE ANESTHESIST	1	15	\$	248.54	\$ 16.57	.000	\$ 248.54	\$.00
NURSE MIDWIFE	2	12	\$	309.21	\$ 25.77	.000	\$ 154.61	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	6.38	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	7	\$	63.10	\$ 9.01	.000	\$ 31.55	\$.00
@TOTAL HOSPITAL	4,595	19,559	\$	4,096,872.38	\$ 209.46	.307	\$ 891.59	\$ 64.39
HOSP INPATIENT TOTAL	620	2,897		3,530,712.99	1218.75	.046	5694.70	55.49
HSC HOSPITALS	543	2,320		3,242,888.33	1397.80	.036	5972.17	50.97
NON-HSC HOSPITAL TOTAL	30	124		224,786.94	1812.80	.002	7492.90	3.53
ACCOMMODATIONS	30	124		65,316.46	526.75	.002	2177.22	1.03
ADMINISTRATIVE DAYS	9	45		10,088.63	224.19	.001	1120.96	.16
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	22	79		55,227.83	699.09	.001	2510.36	.87
ANCILLARIES	30	0		159,470.48	.00	.000	5315.68	2.51
INPATIENT CROSSOVERS	55	453		63,037.72	139.16	.007	1146.14	.99
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,169	16,662		566,159.39	33.98	.262	135.80	8.90
MEDICAL	1,547	2,166		81,386.06	37.57	.034	52.61	1.28
SURGERY	305	456		18,917.32	41.49	.007	62.02	.30
PATHOLOGY	1,225	4,750		51,802.76	10.91	.075	42.29	.81
RADIOLOGY	1,202	1,611		123,923.06	76.92	.025	103.10	1.95
ROOM USE	1,810	2,397		101,291.53	42.26	.038	55.96	1.59
CROSSOVERS/ALL OTH OUTPTNT	1,883	5,282		188,838.66	35.75	.083	100.29	2.97
@COUNTY HOSPITAL TOTAL	57	293	\$	19,202.92	\$ 65.54	.005	\$ 336.89	\$.30
CO HOSPITAL INPATIENT TOTAL	6	11		11,403.02	1036.64	.000	1900.50	.18
HSC HOSPITALS	6	11		11,403.02	1036.64	.000	1900.50	.18
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	52	282		7,799.90	27.66	.004	150.00	.12
MEDICAL	15	18		548.16	30.45	.000	36.54	.01
SURGERY	14	19		550.41	28.97	.000	39.32	.01
PATHOLOGY	29	133		2,598.34	19.54	.002	89.60	.04
RADIOLOGY	7	7		378.02	54.00	.000	54.00	.01
ROOM USE	34	56		2,762.76	49.34	.001	81.26	.04
CROSSOVERS/ALL OTH OUTPTNT	22	49		962.21	19.64	.001	43.74	.02

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

PAGE 6,191 01/17/03

					----- MONTHLY AVERAGE -----			
63,624 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	4,545	19,266	\$ 4,077,669.46	\$ 211.65	.303	\$ 897.18	\$ 64.09	
COMM HOSP INPATIENT TOTAL	614	2,886	3,519,309.97	1219.44	.045	5731.78	55.31	
HSC HOSPITALS	537	2,309	3,231,485.31	1399.52	.036	6017.66	50.79	
NON-HSC HOSPITALS TOTAL	30	124	224,786.94	1812.80	.002	7492.90	3.53	
ACCOMMODATIONS	30	124	65,316.46	526.75	.002	2177.22	1.03	

ADMINISTRATIVE DAYS	9	45		10,088.63	224.19	.001	1120.96	.16
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	22	79		55,227.83	699.09	.001	2510.36	.87
ANCILLARIES	30	0		159,470.48	.00	.000	5315.68	2.51
INPATIENT CROSSOVERS	55	453		63,037.72	139.16	.007	1146.14	.99
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,124	16,380		558,359.49	34.09	.257	135.39	8.78
MEDICAL	1,534	2,148		80,837.90	37.63	.034	52.70	1.27
SURGERY	292	437		18,366.91	42.03	.007	62.90	.29
PATHOLOGY	1,197	4,617		49,204.42	10.66	.073	41.11	.77
RADIOLOGY	1,196	1,604		123,545.04	77.02	.025	103.30	1.94
ROOM USE	1,782	2,341		98,528.77	42.09	.037	55.29	1.55
CROSSOVERS/ALL OTH OUTPTNT	1,862	5,233		187,876.45	35.90	.082	100.90	2.95
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	168	4,899	\$	679,786.92	\$ 138.76	.077	\$ 4046.35	\$ 10.68
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	14	666		78,485.59	117.85	.010	5606.11	1.23
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	154	4,233		601,301.33	142.05	.067	3904.55	9.45
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	58	551	\$	53,336.21	\$ 96.80	.009	\$ 919.59	\$.84
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	58	551		53,336.21	96.80	.009	919.59	.84
@REHABILITATION FACILITY	12	136	\$	2,044.65	\$ 15.03	.002	\$ 170.39	\$.03
HOSPITAL BASED	1	0		51.95	.00	.000	51.95	.00
INDEPENDENT FACILITY	11	136		1,992.70	14.65	.002	181.15	.03
@LABORATORY FACILITY	3,068	12,627	\$	162,147.68	\$ 12.84	.198	\$ 52.85	\$ 2.55
PATHOLOGY	3,035	12,576		159,244.66	12.66	.198	52.47	2.50
XO AND OTHERS	44	51		2,903.02	56.92	.001	65.98	.05
@ORGANIZED OUTPATIENT CLINIC	7,572	23,610	\$	1,339,530.82	\$ 56.74	.371	\$ 176.91	\$ 21.05
CLINIC	2,215	14,374		266,255.66	18.52	.226	120.21	4.18
SURGICENTER	7	14		1,306.53	93.32	.000	186.65	.02
HEROIN DETOX CLINIC	5	58		718.97	12.40	.001	143.79	.01
RURAL HEALTH CLINIC	5,683	9,164		1,071,249.66	116.90	.144	188.50	16.84
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 6,192
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC							

				----- MONTHLY AVERAGE -----			
63,624 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,038	39,790	\$ 335,589.01	\$ 8.43	.625	\$ 164.67	\$ 5.27
DURABLE MED. EQUIP.	87	160	17,706.74	110.67	.003	203.53	.28
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	37	79	8,665.56	109.69	.001	234.20	.14
MEDICAL TRANSPORTATION	269	2,732	50,632.69	18.53	.043	188.23	.80
AMBULANCES/AIR TRANS	185	1,992	32,424.44	16.28	.031	175.27	.51
OTHER TRANS	5	31	153.21	4.94	.000	30.64	.00
OTHER SERVICES	87	709	18,055.04	25.47	.011	207.53	.28
ACUPUNCTURE	48	110	2,011.21	18.28	.002	41.90	.03

ADULT DAY HEALTH CARE CTR	79	1,025		68,516.19	66.85	.016	867.29	1.08
GENETIC DISEASE TESTING	175	177		14,981.00	84.64	.003	85.61	.24
IHMC, MODEL-NF, NF, AIDS, MSSP	104	495		37,363.18	75.48	.008	359.26	.59
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	452	1,287		15,721.27	12.22	.020	34.78	.25
PHYSICAL THERAPIST	3	8		158.88	19.86	.000	52.96	.00
PORTABLE X-RAY	3	6		10.57	1.76	.000	3.52	.00
PROSTHETIST/ORTHOTISTS	64	172		21,450.12	124.71	.003	335.16	.34
PROSTHETICS	58	165		20,928.97	126.84	.003	360.84	.33
ORTHOTICS	6	7		521.15	74.45	.000	86.86	.01
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	25	66		5,032.64	76.25	.001	201.31	.08
HOSPICE SERVICES	15	254		34,730.53	136.73	.004	2315.37	.55
NONINST BIRTHING CENTERS	1	1		1,007.23	1007.23	.000	1007.23	.02
LOCAL EDUCATION AGENCIES	556	4,571		41,145.35	9.00	.072	74.00	.65
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	220	28,647		16,455.85	.57	.450	74.80	.26
@CALIF. CHILDREN SERVICES*	238	2,270	\$	504,836.44	\$ 222.39	.036	\$ 2121.16	\$ 7.93
@XOVER EXCLUDING STATE HOSP**	1,283	7,719	\$	241,337.69	\$ 31.27	.121	\$ 188.10	\$ 3.79

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,193
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MARIN COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED

141 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	192	2,510	\$ 231,718.65	\$ 92.32	17.801	\$ 1206.87	\$ 1643.39
@PHYSICIANS SERVICES	18	50	\$ 1,948.98	\$ 38.98	.355	\$ 108.28	\$ 13.82
OUTPATIENT VISITS	0	0	31.17	.00	.000	.00	.22
OFFICE VISITS	0	0	11.64	.00	.000	.00	.08
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	19.53	.00	.000	.00	.14
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	643.60	643.60	.007	643.60	4.56
PRINCIPAL SURGEON	1	1	643.60	643.60	.007	643.60	4.56
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	3	130.57	43.52	.021	130.57	.93
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3	130.57	43.52	.021	130.57	.93
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	8.08	8.08	.007	8.08	.06

RADIOLOGY	2	2		39.34		19.67	.014	19.67	.28
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	14	43		1,096.22		25.49	.305	78.30	7.77
@PHARMACY	89	360	\$	19,759.14	\$	54.89	2.553	\$ 222.01	\$ 140.14
PRESCRIPTION DRUGS	87	355		19,619.64		55.27	2.518	225.51	139.15
SNF/ICF	35	182		7,047.27		38.72	1.291	201.35	49.98
OUTPATIENTS	54	173		12,572.37		72.67	1.227	232.82	89.17
MEDICAL SUPPLIES	4	5		139.50		27.90	.035	34.88	.99
@DENTIST	28	113	\$	4,012.00	\$	35.50	.801	\$ 143.29	\$ 28.45
VISITS - DIAGNOSTIC	14	37		224.00		6.05	.262	16.00	1.59
ORAL SURGERY	7	26		560.00		21.54	.184	80.00	3.97
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	1	1		200.00		200.00	.007	200.00	1.42
ENDODONTICS	1	2		590.00		295.00	.014	590.00	4.18
RESTORATIVE DENTISTRY	11	20		1,469.00		73.45	.142	133.55	10.42
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	4	27		969.00		35.89	.191	242.25	6.87
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 6,194
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 29 MN - SOC - AGED								
						AID CODE			

141 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	7	\$ 167.10	\$ 23.87	.050	\$ 83.55	\$ 1.19
DIAGNOSTIC AND ANC. PROCED	2	2	92.45	46.23	.014	46.23	.66
EYE APPLIANCES	2	5	74.65	14.93	.035	37.33	.53
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 6.61	\$ 6.61	.007	\$ 6.61	\$.05
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	6.61	6.61	.007	6.61	.05
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	18	99	\$ 14,234.76	\$ 143.79	.702	\$ 790.82	\$ 100.96
HOSP INPATIENT TOTAL	6	55	12,422.01	225.85	.390	2070.34	88.10
HSC HOSPITALS	1	2	3,170.00	1585.00	.014	3170.00	22.48
NON-HSC HOSPITAL TOTAL	0	0	11.34	.00	.000	.00	.08
ACCOMMODATIONS	0	0	9.37	.00	.000	.00	.07
ADMINISTRATIVE DAYS	0	0	9.37	.00	.000	.00	.07
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	1.97	.00	.000	.00	.01

INPATIENT CROSSOVERS	5	53	9,240.67	174.35	.376	1848.13	65.54
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	12	44	1,812.75	41.20	.312	151.06	12.86
MEDICAL	1	4	53.99	13.50	.028	53.99	.38
SURGERY	1	1	59.58	59.58	.007	59.58	.42
PATHOLOGY	2	6	58.48	9.75	.043	29.24	.41
RADIOLOGY	2	3	95.12	31.71	.021	47.56	.67
ROOM USE	1	3	193.28	64.43	.021	193.28	1.37
CROSSOVERS/ALL OTH OUTPTNT	10	27	1,352.30	50.09	.191	135.23	9.59
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,195
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 MARIN COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED AID CODE

	141 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE UNITS/DAYS	COST PER	COST PER
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		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	18	99	\$	14,234.76	\$ 143.79	.702	\$ 790.82	\$ 100.96
COMM HOSP INPATIENT TOTAL	6	55		12,422.01	225.85	.390	2070.34	88.10
HSC HOSPITALS	1	2		3,170.00	1585.00	.014	3170.00	22.48
NON-HSC HOSPITALS TOTAL	0	0		11.34	.00	.000	.00	.08
ACCOMMODATIONS	0	0		9.37	.00	.000	.00	.07
ADMINISTRATIVE DAYS	0	0		9.37	.00	.000	.00	.07
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		1.97	.00	.000	.00	.01
INPATIENT CROSSOVERS	5	53		9,240.67	174.35	.376	1848.13	65.54
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	12	44		1,812.75	41.20	.312	151.06	12.86
MEDICAL	1	4		53.99	13.50	.028	53.99	.38
SURGERY	1	1		59.58	59.58	.007	59.58	.42
PATHOLOGY	2	6		58.48	9.75	.043	29.24	.41
RADIOLOGY	2	3		95.12	31.71	.021	47.56	.67
ROOM USE	1	3		193.28	64.43	.021	193.28	1.37
CROSSOVERS/ALL OTH OUTPTNT	10	27		1,352.30	50.09	.191	135.23	9.59
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	53	1,591	\$	176,762.04	\$ 111.10	11.284	\$ 3335.13	\$ 1253.63
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	53	1,591		176,762.04	111.10	11.284	3335.13	1253.63
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	25	\$	138.60	\$ 5.54	.177	\$ 69.30	\$.98
PATHOLOGY	2	25		138.60	5.54	.177	69.30	.98
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	9	20	\$	901.18	\$ 45.06	.142	\$ 100.13	\$ 6.39
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	9	20		901.18	45.06	.142	100.13	6.39
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 6,196
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 29 MN - SOC - AGED							
					AID CODE			
						----- MONTHLY AVERAGE -----		
141 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	23	244	\$	13,788.24	\$ 56.51	1.730	\$ 599.49	\$ 97.79
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	31	343.56	11.08	.220	68.71	2.44
AMBULANCES/AIR TRANS	1	4	117.81	29.45	.028	117.81	.84
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	4	27	225.75	8.36	.191	56.44	1.60
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	10	113	5,566.11	49.26	.801	556.61	39.48
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	7	96.55	13.79	.050	32.18	.68
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	5	93	7,782.02	83.68	.660	1556.40	55.19
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	33	93	12,219.79	131.40	.660	370.30	86.67

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,197
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1	5	\$ 357.44	\$ 71.49	.000	\$ 357.44	\$.00
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00
@PHARMACY	1	5	\$	357.44	\$	71.49	.000	\$ 357.44	\$.00
PRESCRIPTION DRUGS	1	5		357.44		71.49	.000	357.44	.00
SNF/ICF	1	5		357.44		71.49	.000	357.44	.00
OUTPATIENTS	0	0		.00		.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,198
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,199
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSTOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$
MENTALLY ILL	0	0		.00		.00	.000	
DEVELOP. DISABLED	0	0		.00		.00	.000	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000	
LEV B-REHAB MD	0	0		.00		.00	.000	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	
LEV B-REGULAR	0	0		.00		.00	.000	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$
ICF DDH	0	0		.00		.00	.000	
ICF DD	0	0		.00		.00	.000	
ICF DDN/DDCN	0	0		.00		.00	.000	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$
HOSPITAL BASED	0	0		.00		.00	.000	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$
HOSPITAL BASED	0	0		.00		.00	.000	
INDEPENDENT FACILITY	0	0		.00		.00	.000	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$
PATHOLOGY	0	0		.00		.00	.000	
XO AND OTHERS	0	0		.00		.00	.000	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$
CLINIC	0	0		.00		.00	.000	
SURGICENTER	0	0		.00		.00	.000	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	
RURAL HEALTH CLINIC	0	0		.00		.00	.000	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,200
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 MARIN COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,201
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

415 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	489	4,930	\$ 634,233.93	\$ 128.65	11.880	\$ 1297.00	\$ 1528.27
@PHYSICIANS SERVICES	85	479	\$ 14,972.86	\$ 31.26	1.154	\$ 176.15	\$ 36.08
OUTPATIENT VISITS	26	31	1,443.82	46.57	.075	55.53	3.48
OFFICE VISITS	10	12	510.63	42.55	.029	51.06	1.23
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	14	16	853.99	53.37	.039	61.00	2.06
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	3	79.20	26.40	.007	39.60	.19
INPATIENT VISITS	17	169	6,690.07	39.59	.407	393.53	16.12
HOSPITAL VISITS	16	166	6,515.11	39.25	.400	407.19	15.70
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	3	174.96	58.32	.007	87.48	.42
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.002	57.79	.14

EXAMINATIONS	1	1		57.79	57.79	.002	57.79	.14
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	14		826.24	59.02	.034	206.56	1.99
PRINCIPAL SURGEON	3	4		610.20	152.55	.010	203.40	1.47
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	10		216.04	21.60	.024	108.02	.52
OUTPATIENT SURGERY	4	14		611.63	43.69	.034	152.91	1.47
PRINCIPAL SURGEON	3	3		394.19	131.40	.007	131.40	.95
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	11		217.44	19.77	.027	217.44	.52
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		6.33	6.33	.002	6.33	.02
RADIOLOGY	26	61		2,901.43	47.56	.147	111.59	6.99
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	47	188		2,435.55	12.96	.453	51.82	5.87
@PHARMACY	363	2,262	\$	390,397.17	\$ 172.59	5.451	\$ 1075.47	\$ 940.72
PRESCRIPTION DRUGS	362	2,103		389,821.96	185.36	5.067	1076.86	939.33
SNF/ICF	41	269		23,746.91	88.28	.648	579.19	57.22
OUTPATIENTS	328	1,834		366,075.05	199.60	4.419	1116.08	882.11
MEDICAL SUPPLIES	9	159		575.21	3.62	.383	63.91	1.39
@DENTIST	43	147	\$	7,676.39	\$ 52.22	.354	\$ 178.52	\$ 18.50
VISITS - DIAGNOSTIC	31	84		1,359.50	16.18	.202	43.85	3.28
ORAL SURGERY	5	8		413.89	51.74	.019	82.78	1.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	2	2		225.00	112.50	.005	112.50	.54
ENDODONTICS	1	1		41.00	41.00	.002	41.00	.10
RESTORATIVE DENTISTRY	13	40		5,176.00	129.40	.096	398.15	12.47
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2		461.00	230.50	.005	461.00	1.11
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	10		.00	.00	.024	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,202
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

415 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	10	\$ 222.66	\$ 22.27	.024	\$ 44.53	\$.54
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.005	47.45	.23
EYE APPLIANCES	3	8	127.76	15.97	.019	42.59	.31
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	6	13	\$ 213.55	\$ 16.43	.031	\$ 35.59	\$.51
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	6	13	213.55	16.43	.031	35.59	.51
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	71	579	\$	114,776.99	\$	198.23	1.395	\$	1616.58	\$	276.57
HOSP INPATIENT TOTAL	17	239		104,656.59		437.89	.576		6156.27		252.18
HSC HOSPITALS	8	70		83,607.00		1194.39	.169		10450.88		201.46
NON-HSC HOSPITAL TOTAL	1	34		12,481.35		367.10	.082		12481.35		30.08
ACCOMMODATIONS	1	34		7,460.68		219.43	.082		7460.68		17.98
ADMINISTRATIVE DAYS	1	34		7,460.68		219.43	.082		7460.68		17.98
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0		5,020.67		.00	.000		5020.67		12.10
INPATIENT CROSSOVERS	9	135		8,568.24		63.47	.325		952.03		20.65
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	58	340		10,120.40		29.77	.819		174.49		24.39
MEDICAL	7	10		373.50		37.35	.024		53.36		.90
SURGERY	2	2		96.13		48.07	.005		48.07		.23
PATHOLOGY	7	39		911.31		23.37	.094		130.19		2.20
RADIOLOGY	9	17		990.63		58.27	.041		110.07		2.39
ROOM USE	8	16		831.27		51.95	.039		103.91		2.00
CROSSOVERS/ALL OTH OUTPTNT	48	256		6,917.56		27.02	.617		144.12		16.67
@COUNTY HOSPITAL TOTAL	1	26	\$	429.15	\$	16.51	.063	\$	429.15	\$	1.03
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	26		429.15		16.51	.063		429.15		1.03
MEDICAL	1	1		28.50		28.50	.002		28.50		.07
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	10		80.91		8.09	.024		80.91		.19
RADIOLOGY	1	7		152.65		21.81	.017		152.65		.37
ROOM USE	1	3		114.49		38.16	.007		114.49		.28
CROSSOVERS/ALL OTH OUTPTNT	1	5		52.60		10.52	.012		52.60		.13

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,203
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

415 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	70	553	\$ 114,347.84	\$ 206.78	1.333	\$ 1633.54	\$ 275.54
COMM HOSP INPATIENT TOTAL	17	239	104,656.59	437.89	.576	6156.27	252.18
HSC HOSPITALS	8	70	83,607.00	1194.39	.169	10450.88	201.46
NON-HSC HOSPITALS TOTAL	1	34	12,481.35	367.10	.082	12481.35	30.08
ACCOMMODATIONS	1	34	7,460.68	219.43	.082	7460.68	17.98
ADMINISTRATIVE DAYS	1	34	7,460.68	219.43	.082	7460.68	17.98
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	5,020.67	.00	.000	5020.67	12.10
INPATIENT CROSSOVERS	9	135	8,568.24	63.47	.325	952.03	20.65
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	57	314		9,691.25	30.86	.757	170.02	23.35
MEDICAL	6	9		345.00	38.33	.022	57.50	.83
SURGERY	2	2		96.13	48.07	.005	48.07	.23
PATHOLOGY	6	29		830.40	28.63	.070	138.40	2.00
RADIOLOGY	8	10		837.98	83.80	.024	104.75	2.02
ROOM USE	7	13		716.78	55.14	.031	102.40	1.73
CROSSOVERS/ALL OTH OUTPTNT	47	251		6,864.96	27.35	.605	146.06	16.54
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	28	710	\$	85,138.08	\$ 119.91	1.711	\$ 3040.65	\$ 205.15
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	1	26		1,930.04	74.23	.063	1930.04	4.65
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	27	684		83,208.04	121.65	1.648	3081.78	200.50
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	10	8	\$	7,532.86	\$ 941.61	.019	\$ 753.29	\$ 18.15
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	10	8		7,532.86	941.61	.019	753.29	18.15
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	34	195	\$	2,908.43	\$ 14.92	.470	\$ 85.54	\$ 7.01
PATHOLOGY	28	189		2,834.42	15.00	.455	101.23	6.83
XO AND OTHERS	6	6		74.01	12.34	.014	12.34	.18
@ORGANIZED OUTPATIENT CLINIC	55	139	\$	3,857.25	\$ 27.75	.335	\$ 70.13	\$ 9.29
CLINIC	25	103		1,478.19	14.35	.248	59.13	3.56
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	30	36		2,379.06	66.09	.087	79.30	5.73

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,204
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

415 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	37	388	\$ 6,537.69	\$ 16.85	.935	\$ 176.69	\$ 15.75
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	19	305	2,308.66	7.57	.735	121.51	5.56
AMBULANCES/AIR TRANS	8	61	1,606.62	26.34	.147	200.83	3.87
OTHER TRANS	9	198	436.68	2.21	.477	48.52	1.05
OTHER SERVICES	4	46	265.36	5.77	.111	66.34	.64
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9	26	340.92	13.11	.063	37.88	.82
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	3.27	3.27	.002	3.27	.01
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	3	28	3,686.93	131.68	.067	1228.98	8.88
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	4	32.03	8.01	.010	32.03	.08
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	24	165.88	6.91	.058	33.18	.40
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	100	492	\$ 36,356.88	\$ 73.90	1.186	\$ 363.57	\$ 87.61

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,205
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37	

163 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	202	1,628	\$ 182,812.63	\$ 112.29	9.988	\$ 905.01	\$ 1121.55
@PHYSICIANS SERVICES	102	453	\$ 94,742.89	\$ 209.15	2.779	\$ 928.85	\$ 581.24
OUTPATIENT VISITS	61	85	3,998.89	47.05	.521	65.56	24.53
OFFICE VISITS	32	45	1,605.50	35.68	.276	50.17	9.85
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	30	36	2,284.03	63.45	.221	76.13	14.01
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	4	4	109.36	27.34	.025	27.34	.67
INPATIENT VISITS	17	57	2,960.21	51.93	.350	174.13	18.16
HOSPITAL VISITS	17	51	2,540.31	49.81	.313	149.43	15.58
CRITICAL CARE	3	6	419.90	69.98	.037	139.97	2.58
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.006	46.44	.28
EXAMINATIONS	1	1	46.44	46.44	.006	46.44	.28
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	13	60	5,475.28	91.25	.368	421.18	33.59
PRINCIPAL SURGEON	10	11	4,377.95	398.00	.067	437.80	26.86
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	49	1,097.33	22.39	.301	274.33	6.73
OUTPATIENT SURGERY	14	56	2,309.72	41.25	.344	164.98	14.17
PRINCIPAL SURGEON	11	15	1,521.36	101.42	.092	138.31	9.33
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	41	788.36	19.23	.252	262.79	4.84
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	21	94.67	4.51	.129	10.52	.58
RADIOLOGY	39	62	2,974.02	47.97	.380	76.26	18.25
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	25	111	76,883.66	692.65	.681	3075.35	471.68
@PHARMACY	48	154	\$ 10,243.89	\$ 66.52	.945	\$ 213.41	\$ 62.85
PRESCRIPTION DRUGS	48	154	10,243.89	66.52	.945	213.41	62.85
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	48	154	10,243.89	66.52	.945	213.41	62.85
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	35	134	\$ 5,265.88	\$ 39.30	.822	\$ 150.45	\$ 32.31
VISITS - DIAGNOSTIC	19	59	654.00	11.08	.362	34.42	4.01
ORAL SURGERY	3	6	393.75	65.63	.037	131.25	2.42
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.006	100.00	.61
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	2	.00	.00	.012	.00	.00
RESTORATIVE DENTISTRY	20	53	3,457.00	65.23	.325	172.85	21.21
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	8	215.00	26.88	.049	215.00	1.32
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	2	2	446.13	223.07	.012	223.07	2.74
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	3	.00	.00	.018	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,206
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37						

163 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	0	\$ 32.69CR	\$.00	.000	\$ 32.69CR	\$.20CR
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	73	600	\$ 66,347.97	\$ 110.58	3.681	\$ 908.88	\$ 407.04
HOSP INPATIENT TOTAL	15	44	44,252.03	1005.73	.270	2950.14	271.48
HSC HOSPITALS	15	44	44,252.03	1005.73	.270	2950.14	271.48
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	64	556	22,095.94	39.74	3.411	345.25	135.56
MEDICAL	36	64	5,425.41	84.77	.393	150.71	33.28
SURGERY	8	10	375.96	37.60	.061	47.00	2.31
PATHOLOGY	30	184	1,629.84	8.86	1.129	54.33	10.00
RADIOLOGY	29	43	5,177.14	120.40	.264	178.52	31.76
ROOM USE	38	89	3,970.91	44.62	.546	104.50	24.36
CROSSOVERS/ALL OTH OUTPTNT	35	166	5,516.68	33.23	1.018	157.62	33.84
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37
PAGE 6,207
01/17/03

163 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	73	600	\$ 66,347.97	\$ 110.58	3.681	\$ 908.88	\$ 407.04
COMM HOSP INPATIENT TOTAL	15	44	44,252.03	1005.73	.270	2950.14	271.48
HSC HOSPITALS	15	44	44,252.03	1005.73	.270	2950.14	271.48
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	64	556		22,095.94	39.74	3.411	345.25	135.56
MEDICAL	36	64		5,425.41	84.77	.393	150.71	33.28
SURGERY	8	10		375.96	37.60	.061	47.00	2.31
PATHOLOGY	30	184		1,629.84	8.86	1.129	54.33	10.00
RADIOLOGY	29	43		5,177.14	120.40	.264	178.52	31.76
ROOM USE	38	89		3,970.91	44.62	.546	104.50	24.36
CROSSOVERS/ALL OTH OUTPTNT	35	166		5,516.68	33.23	1.018	157.62	33.84
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	26	105	\$	1,139.77	\$ 10.85	.644	\$ 43.84	\$ 6.99
PATHOLOGY	26	105		1,139.77	10.85	.644	43.84	6.99
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	22	56	\$	3,093.52	\$ 55.24	.344	\$ 140.61	\$ 18.98
CLINIC	8	38		869.76	22.89	.233	108.72	5.34
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	15	18		2,223.76	123.54	.110	148.25	13.64

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

PAGE 6,208 01/17/03

	163 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	18	126	\$	2,011.40	\$ 15.96	.773	\$ 111.74	\$ 12.34
DURABLE MED. EQUIP.	5	9		363.71	40.41	.055	72.74	2.23
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	96		1,416.68	14.76	.589	177.09	8.69
AMBULANCES/AIR TRANS	8	96		1,416.68	14.76	.589	177.09	8.69
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00

----- MONTHLY AVERAGE -----

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	13	164.89	12.68	.080	41.22	1.01
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	8	66.12	8.27	.049	66.12	.41
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	4	102	\$ 82,817.85	\$ 811.94	.626	\$ 20704.46	\$ 508.08
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,209
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC	

719 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	884	9,073	\$ 1,049,122.65	\$ 115.63	12.619	\$ 1186.79	\$ 1459.14
@PHYSICIANS SERVICES	205	982	\$ 111,664.73	\$ 113.71	1.366	\$ 544.71	\$ 155.31
OUTPATIENT VISITS	87	116	5,473.88	47.19	.161	62.92	7.61
OFFICE VISITS	42	57	2,127.77	37.33	.079	50.66	2.96
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	44	52	3,157.55	60.72	.072	71.76	4.39
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	6	7	188.56	26.94	.010	31.43	.26
INPATIENT VISITS	34	226	9,650.28	42.70	.314	283.83	13.42
HOSPITAL VISITS	33	217	9,055.42	41.73	.302	274.41	12.59
CRITICAL CARE	3	6	419.90	69.98	.008	139.97	.58
SNF/ICF/TRANS IP CARE	2	3	174.96	58.32	.004	87.48	.24
OPHTHALMOLOGICAL SERVICES	2	2	104.23	52.12	.003	52.12	.14
EXAMINATIONS	2	2	104.23	52.12	.003	52.12	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	18	75	6,945.12	92.60	.104	385.84	9.66
PRINCIPAL SURGEON	14	16	5,631.75	351.98	.022	402.27	7.83
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	59	1,313.37	22.26	.082	218.90	1.83
OUTPATIENT SURGERY	19	73	3,051.92	41.81	.102	160.63	4.24
PRINCIPAL SURGEON	14	18	1,915.55	106.42	.025	136.83	2.66
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	55	1,136.37	20.66	.076	227.27	1.58
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	11	23	109.08	4.74	.032	9.92	.15

RADIOLOGY	67	125		5,914.79	47.32	.174	88.28	8.23	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	86	342		80,415.43	235.13	.476	935.06	111.84	
@PHARMACY	501	2,781	\$	420,757.64	\$ 151.30	3.868	\$ 839.84	\$ 585.20	
PRESCRIPTION DRUGS	498	2,617		420,042.93	160.51	3.640	843.46	584.20	
SNF/ICF	77	456		31,151.62	68.31	.634	404.57	43.33	
OUTPATIENTS	430	2,161		388,891.31	179.96	3.006	904.40	540.88	
MEDICAL SUPPLIES	13	164		714.71	4.36	.228	54.98	.99	
@DENTIST	106	394	\$	16,954.27	\$ 43.03	.548	\$ 159.95	\$ 23.58	
VISITS - DIAGNOSTIC	64	180		2,237.50	12.43	.250	34.96	3.11	
ORAL SURGERY	15	40		1,367.64	34.19	.056	91.18	1.90	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	1	1		100.00	100.00	.001	100.00	.14	
PERIODONTICS	3	3		425.00	141.67	.004	141.67	.59	
ENDODONTICS	4	5		631.00	126.20	.007	157.75	.88	
RESTORATIVE DENTISTRY	44	113		10,102.00	89.40	.157	229.59	14.05	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	6	37		1,645.00	44.46	.051	274.17	2.29	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	2	2		446.13	223.07	.003	223.07	.62	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	5	13		.00	.00	.018	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 6,210
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC								

	719 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	7	17	\$	389.76	\$ 22.93	.024	\$ 55.68	\$.54
DIAGNOSTIC AND ANC. PROCED	4	4		187.35	46.84	.006	46.84	.26

EYE APPLIANCES	5	13		202.41	15.57	.018	40.48	.28
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	7	14	\$	220.16	\$ 15.73	.019	\$ 31.45	\$.31
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	7	14		220.16	15.73	.019	31.45	.31
@HOME HEALTH AGENCY	1	0	\$	32.69CR	\$.00	.000	\$ 32.69CR	.05CR
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	162	1,278	\$	195,359.72	\$ 152.86	1.777	\$ 1205.92	\$ 271.71
HOSP INPATIENT TOTAL	38	338		161,330.63	477.31	.470	4245.54	224.38
HSC HOSPITALS	24	116		131,029.03	1129.56	.161	5459.54	182.24
NON-HSC HOSPITAL TOTAL	1	34		12,492.69	367.43	.047	12492.69	17.38
ACCOMMODATIONS	1	34		7,470.05	219.71	.047	7470.05	10.39
ADMINISTRATIVE DAYS	1	34		7,470.05	219.71	.047	7470.05	10.39
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	1	0		5,022.64	.00	.000	5022.64	6.99
INPATIENT CROSSOVERS	14	188		17,808.91	94.73	.261	1272.07	24.77
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	134	940		34,029.09	36.20	1.307	253.95	47.33
MEDICAL	44	78		5,852.90	75.04	.108	133.02	8.14
SURGERY	11	13		531.67	40.90	.018	48.33	.74
PATHOLOGY	39	229		2,599.63	11.35	.318	66.66	3.62
RADIOLOGY	40	63		6,262.89	99.41	.088	156.57	8.71
ROOM USE	47	108		4,995.46	46.25	.150	106.29	6.95
CROSSOVERS/ALL OTH OUTPTNT	93	449		13,786.54	30.70	.624	148.24	19.17
@COUNTY HOSPITAL TOTAL	1	26	\$	429.15	\$ 16.51	.036	\$ 429.15	\$.60
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	26		429.15	16.51	.036	429.15	.60
MEDICAL	1	1		28.50	28.50	.001	28.50	.04
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	10		80.91	8.09	.014	80.91	.11
RADIOLOGY	1	7		152.65	21.81	.010	152.65	.21
ROOM USE	1	3		114.49	38.16	.004	114.49	.16
CROSSOVERS/ALL OTH OUTPTNT	1	5		52.60	10.52	.007	52.60	.07

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

----- MONTHLY AVERAGE -----
719 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	161	1,252	\$	194,930.57	\$ 155.70	1.741	\$ 1210.75	\$ 271.11
COMM HOSP INPATIENT TOTAL	38	338		161,330.63	477.31	.470	4245.54	224.38
HSC HOSPITALS	24	116		131,029.03	1129.56	.161	5459.54	182.24
NON-HSC HOSPITALS TOTAL	1	34		12,492.69	367.43	.047	12492.69	17.38
ACCOMMODATIONS	1	34		7,470.05	219.71	.047	7470.05	10.39
ADMINISTRATIVE DAYS	1	34		7,470.05	219.71	.047	7470.05	10.39
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	1	0		5,022.64	.00	.000	5022.64	6.99
INPATIENT CROSSOVERS	14	188		17,808.91	94.73	.261	1272.07	24.77
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	133	914		33,599.94	36.76	1.271	252.63	46.73
MEDICAL	43	77		5,824.40	75.64	.107	135.45	8.10
SURGERY	11	13		531.67	40.90	.018	48.33	.74
PATHOLOGY	38	219		2,518.72	11.50	.305	66.28	3.50
RADIOLOGY	39	56		6,110.24	109.11	.078	156.67	8.50
ROOM USE	46	105		4,880.97	46.49	.146	106.11	6.79
CROSSOVERS/ALL OTH OUTPTNT	92	444		13,733.94	30.93	.618	149.28	19.10
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	81	2,301	\$	261,900.12	\$ 113.82	3.200	\$ 3233.33	\$ 364.26
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	1	26		1,930.04	74.23	.036	1930.04	2.68
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	80	2,275		259,970.08	114.27	3.164	3249.63	361.57
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	10	8	\$	7,532.86	\$ 941.61	.011	\$ 753.29	\$ 10.48
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	10	8		7,532.86	941.61	.011	753.29	10.48
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	62	325	\$	4,186.80	\$ 12.88	.452	\$ 67.53	\$ 5.82
PATHOLOGY	56	319		4,112.79	12.89	.444	73.44	5.72
XO AND OTHERS	6	6		74.01	12.34	.008	12.34	.10
@ORGANIZED OUTPATIENT CLINIC	86	215	\$	7,851.95	\$ 36.52	.299	\$ 91.30	\$ 10.92
CLINIC	33	141		2,347.95	16.65	.196	71.15	3.27
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	54	74		5,504.00	74.38	.103	101.93	7.66
#CALIF DEPT OF HEALTH SERV								
MOP024								
MARIN COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,212
FEE-FOR-SERVICE/DENTAL 01/17/03
SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

	719 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	78		758	\$ 22,337.33	\$ 29.47	1.054	\$ 286.38	\$ 31.07
DURABLE MED. EQUIP.	5		9	363.71	40.41	.013	72.74	.51
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	32	432	4,068.90	9.42	.601	127.15	5.66
AMBULANCES/AIR TRANS	17	161	3,141.11	19.51	.224	184.77	4.37
OTHER TRANS	9	198	436.68	2.21	.275	48.52	.61
OTHER SERVICES	8	73	491.11	6.73	.102	61.39	.68
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	10	113	5,566.11	49.26	.157	556.61	7.74
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	16	46	602.36	13.09	.064	37.65	.84
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	3.27	3.27	.001	3.27	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	8	121	11,468.95	94.78	.168	1433.62	15.95
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	12	98.15	8.18	.017	49.08	.14
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	24	165.88	6.91	.033	33.18	.23
@CALIF. CHILDREN SERVICES*	4	102	\$ 82,817.85	\$ 811.94	.142	\$ 20704.46	\$ 115.18
@XOVER EXCLUDING STATE HOSP**	133	585	\$ 48,576.67	\$ 83.04	.814	\$ 365.24	\$ 67.56

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,213
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED	

4,020 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,870	170,061	\$ 12,709,151.85	\$ 74.73	42.304	\$ 3284.02	\$ 3161.48
@PHYSICIANS SERVICES	341	683	\$ 7,410.17	\$ 10.85	.170	\$ 21.73	\$ 1.84
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	5.44	.00	.000	.00	.00
HOSPITAL VISITS	0	0	5.44	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	341	683	7,404.73	10.84	.170	21.71	1.84
@PHARMACY	2,725	14,196	\$ 668,509.18	\$ 47.09	3.531	\$ 245.32	\$ 166.30
PRESCRIPTION DRUGS	2,719	13,925	663,453.44	47.64	3.464	244.01	165.04
SNF/ICF	2,380	12,675	611,783.21	48.27	3.153	257.05	152.18
OUTPATIENTS	381	1,250	51,670.23	41.34	.311	135.62	12.85
MEDICAL SUPPLIES	82	271	5,055.74	18.66	.067	61.66	1.26
@DENTIST	152	412	\$ 14,003.50	\$ 33.99	.102	\$ 92.13	\$ 3.48
VISITS - DIAGNOSTIC	141	343	6,935.50	20.22	.085	49.19	1.73
ORAL SURGERY	8	20	816.00	40.80	.005	102.00	.20
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	200.00	100.00	.000	100.00	.05
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	4	7	286.00	40.86	.002	71.50	.07
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	15	40	5,766.00	144.15	.010	384.40	1.43
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED

AID CODE

PAGE 6,214

01/17/03

4,020 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	11	30	\$ 631.85	\$ 21.06	.007	\$ 57.44	\$.16
DIAGNOSTIC AND ANC. PROCED	3	3	141.90	47.30	.001	47.30	.04
EYE APPLIANCES	9	27	489.95	18.15	.007	54.44	.12
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	276	400	\$ 1,709.79	\$ 4.27	.100	\$ 6.19	\$.43
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	276	400	1,709.79	4.27	.100	6.19	.43
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	101	503	\$ 42,855.27	\$ 85.20	.125	\$ 424.31	\$ 10.66
HOSP INPATIENT TOTAL	26	205	36,071.17	175.96	.051	1387.35	8.97
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	17.30CR	.00	.000	.00	.00
ACCOMMODATIONS	0	0	17.30CR	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	17.30CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	26	205	36,088.47	176.04	.051	1388.02	8.98
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	83	298	6,784.10	22.77	.074	81.74	1.69
MEDICAL	0	0	6.60	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	2.05	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	83	298	6,775.45	22.74	.074	81.63	1.69
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,215
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED						
					AID CODE		
						----- MONTHLY AVERAGE -----	
4,020 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	101	503	\$ 42,855.27	\$ 85.20	.125	\$ 424.31	\$ 10.66
COMM HOSP INPATIENT TOTAL	26	205	36,071.17	175.96	.051	1387.35	8.97
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	17.30CR	.00	.000	.00	.00
ACCOMMODATIONS	0	0	17.30CR	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	17.30CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	26	205	36,088.47	176.04	.051	1388.02	8.98
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	83	298	6,784.10	22.77	.074	81.74	1.69
MEDICAL	0	0	6.60	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	2.05	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	83	298	6,775.45	22.74	.074	81.63	1.69
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	3,410	117,400	\$ 11,804,531.57	\$ 100.55	29.204	\$ 3461.74	\$ 2936.45
LEV A-INTERMEDIATE	2	131	5,154.40	39.35	.033	2577.20	1.28
LEV B-REHAB MD	4	49	5,583.02	113.94	.012	1395.76	1.39
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	3,407	117,220	11,793,794.15	100.61	29.159	3461.64	2933.78
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	3	\$ 27.80	\$ 9.27	.001	\$ 9.27	\$.01
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	3	3	27.80	9.27	.001	9.27	.01
@ORGANIZED OUTPATIENT CLINIC	3	3	\$ 262.79	\$ 87.60	.001	\$ 87.60	\$.07
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3	3	262.79	87.60	.001	87.60	.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,216
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED						
					AID CODE		

4,020 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	442	36,431	\$ 169,209.93	\$ 4.64	9.062	\$ 382.83	\$ 42.09
DURABLE MED. EQUIP.	38	593	36,126.21	60.92	.148	950.69	8.99
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	10	16	2,503.34	156.46	.004	250.33	.62
MEDICAL TRANSPORTATION	132	1,395	11,000.09	7.89	.347	83.33	2.74
AMBULANCES/AIR TRANS	30	240	3,464.41	14.44	.060	115.48	.86
OTHER TRANS	24	188	848.99	4.52	.047	35.37	.21
OTHER SERVICES	84	967	6,686.69	6.91	.241	79.60	1.66
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	15	149	9,955.06	66.81	.037	663.67	2.48
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	39	108	1,467.05	13.58	.027	37.62	.36
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	13	14	10.84	.77	.003	.83	.00
PROSTHETIST/ORTHOTISTS	1	6	74.19	12.37	.001	74.19	.02
PROSTHETICS	1	6	74.19	12.37	.001	74.19	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	21	26	132.86	5.11	.006	6.33	.03
SPEECH AND AUDIOLOGY	58	150	5,220.85	34.81	.037	90.01	1.30
HOSPICE SERVICES	36	874	90,035.10	103.01	.217	2500.98	22.40
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	119	33,100	12,684.34	.38	8.234	106.59	3.16
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,041	27,297	\$ 203,850.66	\$ 7.47	6.790	\$ 195.82	\$ 50.71

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND

PAGE 6,217
01/17/03

82 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	81	7,536	\$ 309,244.98	\$ 41.04	91.902	\$ 3817.84	\$ 3771.28
@PHYSICIANS SERVICES	28	103	\$ 1,598.04	\$ 15.51	1.256	\$ 57.07	\$ 19.49
OUTPATIENT VISITS	3	6	283.10	47.18	.073	94.37	3.45
OFFICE VISITS	2	3	101.80	33.93	.037	50.90	1.24
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	3	181.30	60.43	.037	90.65	2.21
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	6	12	477.02	39.75	.146	79.50	5.82
HOSPITAL VISITS	1	1	80.10	80.10	.012	80.10	.98
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	6	11	396.92	36.08	.134	66.15	4.84
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	46	141.91	3.09	.561	70.96	1.73
PRINCIPAL SURGEON	1	1	81.91	81.91	.012	81.91	1.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	45	60.00	1.33	.549	60.00	.73
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	3	4	115.10	28.78	.049	38.37	1.40
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	21	35	580.91	16.60	.427	27.66	7.08
@PHARMACY	70	329	\$ 22,494.84	\$ 68.37	4.012	\$ 321.35	\$ 274.33
PRESCRIPTION DRUGS	70	328	22,479.40	68.53	4.000	321.13	274.14
SNF/ICF	50	268	18,173.72	67.81	3.268	363.47	221.63
OUTPATIENTS	20	60	4,305.68	71.76	.732	215.28	52.51
MEDICAL SUPPLIES	1	1	15.44	15.44	.012	15.44	.19
@DENTIST	4	14	\$ 565.00	\$ 40.36	.171	\$ 141.25	\$ 6.89
VISITS - DIAGNOSTIC	3	11	140.00	12.73	.134	46.67	1.71
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	2	400.00	200.00	.024	400.00	4.88
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	25.00	25.00	.012	25.00	.30
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,218
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

82 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	6	6	\$ 18.56	\$ 3.09	.073	\$ 3.09	\$.23
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	6	6	18.56	3.09	.073	3.09	.23
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	6	10	\$	553.76	\$	55.38	.122	\$	92.29	\$	6.75
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6	10		553.76		55.38	.122		92.29		6.75
MEDICAL	2	2		93.68		46.84	.024		46.84		1.14
SURGERY	0	0		27.86		.00	.000		.00		.34
PATHOLOGY	1	2		54.85		27.43	.024		54.85		.67
RADIOLOGY	0	0		5.22		.00	.000		.00		.06
ROOM USE	0	0		88.17		.00	.000		.00		1.08
CROSSOVERS/ALL OTH OUTPTNT	4	6		283.98		47.33	.073		71.00		3.46
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,219
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

82 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	10	\$ 553.76	\$ 55.38	.122	\$ 92.29	\$ 6.75
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	6	10		553.76		55.38	.122	92.29		6.75
MEDICAL	2	2		93.68		46.84	.024	46.84		1.14
SURGERY	0	0		27.86		.00	.000	.00		.34
PATHOLOGY	1	2		54.85		27.43	.024	54.85		.67
RADIOLOGY	0	0		5.22		.00	.000	.00		.06
ROOM USE	0	0		88.17		.00	.000	.00		1.08
CROSSOVERS/ALL OTH OUTPTNT	4	6		283.98		47.33	.073	71.00		3.46
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	40	1,450	\$	163,116.29	\$	112.49	17.683	\$ 4077.91	\$	1989.22
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	40	1,450		163,116.29		112.49	17.683	4077.91		1989.22
@INTERMEDIATE CARE FACIL.-DD	28	908	\$	116,420.70	\$	128.22	11.073	\$ 4157.88	\$	1419.76
ICF DDH	28	908		116,420.70		128.22	11.073	4157.88		1419.76
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	6	22	\$	232.85	\$	10.58	.268	\$ 38.81	\$	2.84
PATHOLOGY	6	22		232.85		10.58	.268	38.81		2.84
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
CLINIC	0	0		.00		.00	.000	.00		.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,220
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

82 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	20	4,694	\$ 4,244.94	\$.90	57.244	\$ 212.25	\$ 51.77
DURABLE MED. EQUIP.	1	31	535.62	17.28	.378	535.62	6.53
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	130.00	65.00	.024	65.00	1.59
MEDICAL TRANSPORTATION	4	186	908.18	4.88	2.268	227.05	11.08
AMBULANCES/AIR TRANS	1	54	541.98	10.04	.659	541.98	6.61
OTHER TRANS	3	124	284.29	2.29	1.512	94.76	3.47
OTHER SERVICES	1	8	81.91	10.24	.098	81.91	1.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	379.76	189.88	.024	379.76	4.63
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	10	37	1,339.45	36.20	.451	133.95	16.33
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	4,436	951.93	.21	54.098	158.66	11.61
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	30	57	\$ 1,659.12	\$ 29.11	.695	\$ 55.30	\$ 20.23

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,221
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED AID CODE

1,007 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,018	67,332	\$ 4,134,305.29	\$ 61.40	66.864	\$ 4061.20	\$ 4105.57
@PHYSICIANS SERVICES	209	613	\$ 10,573.50	\$ 17.25	.609	\$ 50.59	\$ 10.50
OUTPATIENT VISITS	12	13	589.83	45.37	.013	49.15	.59
OFFICE VISITS	7	7	317.77	45.40	.007	45.40	.32
HOME VISITS	2	2	50.40	25.20	.002	25.20	.05
EMERGENCY ROOM	3	4	221.66	55.42	.004	73.89	.22
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	41	75		2,668.30	35.58	.074	65.08	2.65
HOSPITAL VISITS	3	18		726.50	40.36	.018	242.17	.72
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	38	57		1,941.80	34.07	.057	51.10	1.93
OPHTHALMOLOGICAL SERVICES	1	1		57.79	57.79	.001	57.79	.06
EXAMINATIONS	1	1		57.79	57.79	.001	57.79	.06
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	35		798.62	22.82	.035	159.72	.79
PRINCIPAL SURGEON	4	4		627.14	156.79	.004	156.79	.62
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	31		171.48	5.53	.031	171.48	.17
OUTPATIENT SURGERY	9	47		1,116.33	23.75	.047	124.04	1.11
PRINCIPAL SURGEON	2	2		56.58	28.29	.002	28.29	.06
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	7	45		1,059.75	23.55	.045	151.39	1.05
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	3		24.01	8.00	.003	24.01	.02
RADIOLOGY	9	16		1,066.75	66.67	.016	118.53	1.06
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	149	423		4,251.87	10.05	.420	28.54	4.22
@PHARMACY	832	10,296	\$	463,937.81	\$ 45.06	10.224	\$ 557.62	\$ 460.71
PRESCRIPTION DRUGS	827	5,049		446,985.23	88.53	5.014	540.49	443.88
SNF/ICF	628	4,376		391,715.09	89.51	4.346	623.75	388.99
OUTPATIENTS	220	673		55,270.14	82.13	.668	251.23	54.89
MEDICAL SUPPLIES	101	5,247		16,952.58	3.23	5.211	167.85	16.83
@DENTIST	70	301	\$	15,861.27	\$ 52.70	.299	\$ 226.59	\$ 15.75
VISITS - DIAGNOSTIC	63	224		4,415.02	19.71	.222	70.08	4.38
ORAL SURGERY	2	3		336.00	112.00	.003	168.00	.33
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	19	34		6,700.00	197.06	.034	352.63	6.65
ENDODONTICS	3	3		430.00	143.33	.003	143.33	.43
RESTORATIVE DENTISTRY	14	28		2,630.25	93.94	.028	187.88	2.61
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	5	9		1,350.00	150.00	.009	270.00	1.34
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 6,222
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED							
					AID CODE			
						----- MONTHLY AVERAGE -----		
1,007 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	10	19	\$ 245.71	\$ 12.93	.019	\$ 24.57	\$.24	
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.003	47.45	.14	
EYE APPLIANCES	3	6	88.01	14.67	.006	29.34	.09	
OTHER OPTOMETRIC SERVICES	5	10	15.35	1.54	.010	3.07	.02	
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	52	85	\$ 508.49	\$ 5.98	.084	\$ 9.78	\$.50	

MEDICINE/INJECTIONS	4	4	115.20	28.80	.004	28.80	.11
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	48	81	393.29	4.86	.080	8.19	.39
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	116	723	\$ 209,372.48	\$ 289.59	.718	\$ 1804.94	\$ 207.92
HOSP INPATIENT TOTAL	17	305	196,684.05	644.87	.303	11569.65	195.32
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	39	154,946.05	3972.98	.039	77473.03	153.87
ACCOMMODATIONS	2	39	59,847.06	1534.54	.039	29923.53	59.43
ADMINISTRATIVE DAYS	0	0	46.17CR	.00	.000	.00	.05CR
TRANSITIONAL IP CARE	0	0	100.68	.00	.000	.00	.10
ALL OTHER ACCOM	2	39	59,792.55	1533.14	.039	29896.28	59.38
ANCILLARIES	2	0	95,098.99	.00	.000	47549.50	94.44
INPATIENT CROSSOVERS	15	266	41,738.00	156.91	.264	2782.53	41.45
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	101	418	12,688.43	30.36	.415	125.63	12.60
MEDICAL	13	15	474.22	31.61	.015	36.48	.47
SURGERY	16	17	1,079.89	63.52	.017	67.49	1.07
PATHOLOGY	13	43	520.46	12.10	.043	40.04	.52
RADIOLOGY	2	5	1,043.99	208.80	.005	522.00	1.04
ROOM USE	18	48	3,528.15	73.50	.048	196.01	3.50
CROSSOVERS/ALL OTH OUTPTNT	75	290	6,041.72	20.83	.288	80.56	6.00
@COUNTY HOSPITAL TOTAL	1	3	\$ 60.63	\$ 20.21	.003	\$ 60.63	\$.06
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	3	60.63	20.21	.003	60.63	.06
MEDICAL	0	0	13.02	.00	.000	.00	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	3	47.61	15.87	.003	47.61	.05

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED

AID CODE

PAGE 6,223 01/17/03

1,007 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	115	720	\$ 209,311.85	\$ 290.71	.715	\$ 1820.10	\$ 207.86
COMM HOSP INPATIENT TOTAL	17	305	196,684.05	644.87	.303	11569.65	195.32
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	39	154,946.05	3972.98	.039	77473.03	153.87
ACCOMMODATIONS	2	39	59,847.06	1534.54	.039	29923.53	59.43

ADMINISTRATIVE DAYS	0	0		46.17CR	.00	.000	.00	.05CR
TRANSITIONAL IP CARE	0	0		100.68	.00	.000	.00	.10
ALL OTHER ACCOM	2	39		59,792.55	1533.14	.039	29896.28	59.38
ANCILLARIES	2	0		95,098.99	.00	.000	47549.50	94.44
INPATIENT CROSSOVERS	15	266		41,738.00	156.91	.264	2782.53	41.45
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	100	415		12,627.80	30.43	.412	126.28	12.54
MEDICAL	13	15		461.20	30.75	.015	35.48	.46
SURGERY	16	17		1,079.89	63.52	.017	67.49	1.07
PATHOLOGY	13	43		520.46	12.10	.043	40.04	.52
RADIOLOGY	2	5		1,043.99	208.80	.005	522.00	1.04
ROOM USE	18	48		3,528.15	73.50	.048	196.01	3.50
CROSSOVERS/ALL OTH OUTPTNT	74	287		5,994.11	20.89	.285	81.00	5.95
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	423	13,536	\$	1,681,537.89	\$ 124.23	13.442	\$ 3975.27	\$ 1669.85
LEV A-INTERMEDIATE	16	582		34,850.85	59.88	.578	2178.18	34.61
LEV B-REHAB MD	90	3,454		352,074.77	101.93	3.430	3911.94	349.63
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	21	703		332,113.90	472.42	.698	15814.95	329.81
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	299	8,797		962,498.37	109.41	8.736	3219.06	955.81
@INTERMEDIATE CARE FACIL.-DD	402	12,921	\$	1,677,388.80	\$ 129.82	12.831	\$ 4172.61	\$ 1665.73
ICF DDH	402	12,921		1,677,388.80	129.82	12.831	4172.61	1665.73
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	7	9	\$	3,847.00	\$ 427.44	.009	\$ 549.57	\$ 3.82
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	7	9		3,847.00	427.44	.009	549.57	3.82
@REHABILITATION FACILITY	1	6	\$	93.39	\$ 15.57	.006	\$ 93.39	\$.09
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	1	6		93.39	15.57	.006	93.39	.09
@LABORATORY FACILITY	20	73	\$	969.42	\$ 13.28	.072	\$ 48.47	\$.96
PATHOLOGY	20	73		969.42	13.28	.072	48.47	.96
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6	10	\$	690.33	\$ 69.03	.010	\$ 115.06	\$.69
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	1	1		208.21	208.21	.001	208.21	.21
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	5	9		482.12	53.57	.009	96.42	.48

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED

AID CODE

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1,007 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		AVERAGE COST PER UNIT/DAY		UNITS/DAYS PER ELIG		COST PER USER		COST PER ELIGIBLE	
@ALL OTHER PROVIDERS		264		28,740		\$ 69,279.20		\$ 2.41		28.540		\$ 262.42		\$ 68.80	
DURABLE MED. EQUIP.		24		308		13,051.84		42.38		.306		543.83		12.96	
BLOOD BANK		0		0		.00		.00		.000		.00		.00	
HEARING AID DISPENSERS		1		1		25.00		25.00		.001		25.00		.02	
MEDICAL TRANSPORTATION		68		1,078		7,102.08		6.59		1.071		104.44		7.05	
AMBULANCES/AIR TRANS		14		398		2,854.26		7.17		.395		203.88		2.83	
OTHER TRANS		13		120		496.85		4.14		.119		38.22		.49	
OTHER SERVICES		46		560		3,750.97		6.70		.556		81.54		3.72	
ACUPUNCTURE		0		0		.00		.00		.000		.00		.00	

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	15	46	935.06	20.33	.046	62.34	.93
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	5	10	154.62	15.46	.010	30.92	.15
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	16	20	143.36	7.17	.020	8.96	.14
SPEECH AND AUDIOLOGY	85	291	11,354.61	39.02	.289	133.58	11.28
HOSPICE SERVICES	6	229	22,475.64	98.15	.227	3745.94	22.32
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	329	1,110.24	3.37	.327	277.56	1.10
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	78	26,428	12,926.75	.49	26.244	165.73	12.84
@CALIF. CHILDREN SERVICES*	1	2	\$ 41.59	\$ 20.80	.002	\$ 41.59	\$.04
@XOVER EXCLUDING STATE HOSP**	347	1,399	\$ 99,423.87	\$ 71.07	1.389	\$ 286.52	\$ 98.73

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MARIN COUNTY SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	DISCONTIN			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,226
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES						DISCONTIN

						----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00		
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00		

EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	\$	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES DISCONTIN

----- MONTHLY AVERAGE -----
00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV								
MOP024								
MARIN COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES

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	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,229
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG	

5,109 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,969	244,929	\$ 17,152,702.12	\$ 70.03	47.941	\$ 3451.94	\$ 3357.35
@PHYSICIANS SERVICES	578	1,399	\$ 19,581.71	\$ 14.00	.274	\$ 33.88	\$ 3.83
OUTPATIENT VISITS	15	19	872.93	45.94	.004	58.20	.17
OFFICE VISITS	9	10	419.57	41.96	.002	46.62	.08
HOME VISITS	2	2	50.40	25.20	.000	25.20	.01
EMERGENCY ROOM	5	7	402.96	57.57	.001	80.59	.08
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	47	87	3,150.76	36.22	.017	67.04	.62
HOSPITAL VISITS	4	19	812.04	42.74	.004	203.01	.16
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	44	68	2,338.72	34.39	.013	53.15	.46
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.000	57.79	.01
EXAMINATIONS	1	1	57.79	57.79	.000	57.79	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	81	940.53	11.61	.016	134.36	.18
PRINCIPAL SURGEON	5	5	709.05	141.81	.001	141.81	.14
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	76	231.48	3.05	.015	115.74	.05

OUTPATIENT SURGERY	9	47		1,116.33		23.75	.009	124.04	.22
PRINCIPAL SURGEON	2	2		56.58		28.29	.000	28.29	.01
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	7	45		1,059.75		23.55	.009	151.39	.21
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	1	3		24.01		8.00	.001	24.01	.00
RADIOLOGY	12	20		1,181.85		59.09	.004	98.49	.23
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	511	1,141		12,237.51		10.73	.223	23.95	2.40
@PHARMACY	3,627	24,821	\$	1,154,941.83	\$	46.53	4.858	\$ 318.43	\$ 226.06
PRESCRIPTION DRUGS	3,616	19,302		1,132,918.07		58.69	3.778	313.31	221.75
SNF/ICF	3,058	17,319		1,021,672.02		58.99	3.390	334.10	199.97
OUTPATIENTS	621	1,983		111,246.05		56.10	.388	179.14	21.77
MEDICAL SUPPLIES	184	5,519		22,023.76		3.99	1.080	119.69	4.31
@DENTIST	226	727	\$	30,429.77	\$	41.86	.142	\$ 134.65	\$ 5.96
VISITS - DIAGNOSTIC	207	578		11,490.52		19.88	.113	55.51	2.25
ORAL SURGERY	10	23		1,152.00		50.09	.005	115.20	.23
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	22	38		7,300.00		192.11	.007	331.82	1.43
ENDODONTICS	3	3		430.00		143.33	.001	143.33	.08
RESTORATIVE DENTISTRY	18	35		2,916.25		83.32	.007	162.01	.57
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	21	50		7,141.00		142.82	.010	340.05	1.40
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
MOP024	FEE-FOR-SERVICE/DENTAL								

MARIN COUNTY

SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

5,109 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	21	49	\$ 877.56	\$ 17.91	.010	\$ 41.79	\$.17
DIAGNOSTIC AND ANC. PROCED	6	6	284.25	47.38	.001	47.38	.06
EYE APPLIANCES	12	33	577.96	17.51	.006	48.16	.11
OTHER OPTOMETRIC SERVICES	5	10	15.35	1.54	.002	3.07	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	334	491	\$ 2,236.84	\$ 4.56	.096	\$ 6.70	\$.44
MEDICINE/INJECTIONS	4	4	115.20	28.80	.001	28.80	.02
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	330	487	2,121.64	4.36	.095	6.43	.42
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	223	1,236	\$ 252,781.51	\$ 204.52	.242	\$ 1133.55	\$ 49.48
HOSP INPATIENT TOTAL	43	510	232,755.22	456.38	.100	5412.91	45.56
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	39	154,928.75	3972.53	.008	77464.38	30.32
ACCOMMODATIONS	2	39	59,829.76	1534.10	.008	29914.88	11.71
ADMINISTRATIVE DAYS	0	0	63.47CR	.00	.000	.00	.01CR
TRANSITIONAL IP CARE	0	0	100.68	.00	.000	.00	.02
ALL OTHER ACCOM	2	39	59,792.55	1533.14	.008	29896.28	11.70
ANCILLARIES	2	0	95,098.99	.00	.000	47549.50	18.61
INPATIENT CROSSOVERS	41	471	77,826.47	165.24	.092	1898.21	15.23
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	190	726	20,026.29	27.58	.142	105.40	3.92
MEDICAL	15	17	574.50	33.79	.003	38.30	.11
SURGERY	16	17	1,107.75	65.16	.003	69.23	.22
PATHOLOGY	14	45	575.31	12.78	.009	41.09	.11
RADIOLOGY	2	5	1,051.26	210.25	.001	525.63	.21
ROOM USE	18	48	3,616.32	75.34	.009	200.91	.71
CROSSOVERS/ALL OTH OUTPTNT	162	594	13,101.15	22.06	.116	80.87	2.56
@COUNTY HOSPITAL TOTAL	1	3	\$ 60.63	\$ 20.21	.001	\$ 60.63	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	3	60.63	20.21	.001	60.63	.01
MEDICAL	0	0	13.02	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	1	3	47.61	15.87	.001	47.61	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,231
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG						
					----- MONTHLY AVERAGE -----		
5,109 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	222	1,233	\$ 252,720.88	\$ 204.96	.241	\$ 1138.38	\$ 49.47
COMM HOSP INPATIENT TOTAL	43	510	232,755.22	456.38	.100	5412.91	45.56
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	39	154,928.75	3972.53	.008	77464.38	30.32
ACCOMMODATIONS	2	39	59,829.76	1534.10	.008	29914.88	11.71
ADMINISTRATIVE DAYS	0	0	63.47CR	.00	.000	.00	.01CR
TRANSITIONAL IP CARE	0	0	100.68	.00	.000	.00	.02
ALL OTHER ACCOM	2	39	59,792.55	1533.14	.008	29896.28	11.70
ANCILLARIES	2	0	95,098.99	.00	.000	47549.50	18.61
INPATIENT CROSSOVERS	41	471	77,826.47	165.24	.092	1898.21	15.23
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	189	723	19,965.66	27.62	.142	105.64	3.91
MEDICAL	15	17	561.48	33.03	.003	37.43	.11
SURGERY	16	17	1,107.75	65.16	.003	69.23	.22
PATHOLOGY	14	45	575.31	12.78	.009	41.09	.11
RADIOLOGY	2	5	1,051.26	210.25	.001	525.63	.21
ROOM USE	18	48	3,616.32	75.34	.009	200.91	.71
CROSSOVERS/ALL OTH OUTPTNT	161	591	13,053.54	22.09	.116	81.08	2.56
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	3,873	132,386	\$ 13,649,185.75	\$ 103.10	25.912	\$ 3524.19	\$ 2671.60
LEV A-INTERMEDIATE	18	713	40,005.25	56.11	.140	2222.51	7.83
LEV B-REHAB MD	94	3,503	357,657.79	102.10	.686	3804.87	70.01
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	21	703	332,113.90	472.42	.138	15814.95	65.01
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	3,746	127,467	12,919,408.81	101.35	24.950	3448.85	2528.75
@INTERMEDIATE CARE FACIL.-DD	430	13,829	\$ 1,793,809.50	\$ 129.71	2.707	\$ 4171.65	\$ 351.11
ICF DDH	430	13,829	1,793,809.50	129.71	2.707	4171.65	351.11
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	7	9	\$ 3,847.00	\$ 427.44	.002	\$ 549.57	\$.75
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	7	9	3,847.00	427.44	.002	549.57	.75
@REHABILITATION FACILITY	1	6	\$ 93.39	\$ 15.57	.001	\$ 93.39	\$.02
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	1	6	93.39	15.57	.001	93.39	.02
@LABORATORY FACILITY	29	98	\$ 1,230.07	\$ 12.55	.019	\$ 42.42	\$.24
PATHOLOGY	26	95	1,202.27	12.66	.019	46.24	.24
XO AND OTHERS	3	3	27.80	9.27	.001	9.27	.01
@ORGANIZED OUTPATIENT CLINIC	9	13	\$ 953.12	\$ 73.32	.003	\$ 105.90	\$.19
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	1	1	208.21	208.21	.000	208.21	.04
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	8	12	744.91	62.08	.002	93.11	.15
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,232
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG						

5,109 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	726	69,865	\$ 242,734.07	\$ 3.47	13.675	\$ 334.34	\$ 47.51
DURABLE MED. EQUIP.	63	932	49,713.67	53.34	.182	789.11	9.73
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	13	19	2,658.34	139.91	.004	204.49	.52
MEDICAL TRANSPORTATION	204	2,659	19,010.35	7.15	.520	93.19	3.72
AMBULANCES/AIR TRANS	45	692	6,860.65	9.91	.135	152.46	1.34
OTHER TRANS	40	432	1,630.13	3.77	.085	40.75	.32
OTHER SERVICES	131	1,535	10,519.57	6.85	.300	80.30	2.06
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	15	149	9,955.06	66.81	.029	663.67	1.95
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	55	156	2,781.87	17.83	.031	50.58	.54
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	18	24	165.46	6.89	.005	9.19	.03
PROSTHETIST/ORTHOTISTS	1	6	74.19	12.37	.001	74.19	.01
PROSTHETICS	1	6	74.19	12.37	.001	74.19	.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	37	46	276.22	6.00	.009	7.47	.05
SPEECH AND AUDIOLOGY	153	478	17,914.91	37.48	.094	117.09	3.51
HOSPICE SERVICES	42	1,103	112,510.74	102.00	.216	2678.83	22.02
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	329	1,110.24	3.37	.064	277.56	.22
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	203	63,964	26,563.02	.42	12.520	130.85	5.20
@CALIF. CHILDREN SERVICES*	1	2	\$ 41.59	\$ 20.80	.000	\$ 41.59	\$.01
@XOVER EXCLUDING STATE HOSP**	1,418	28,753	\$ 304,933.65	\$ 10.61	5.628	\$ 215.04	\$ 59.69

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

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9,661 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7,351	214,507	\$ 14,862,222.15	\$ 69.29	22.203	\$ 2021.80	\$ 1538.37
@PHYSICIANS SERVICES	1,075	3,151	\$ 110,076.23	\$ 34.93	.326	\$ 102.40	\$ 11.39
OUTPATIENT VISITS	220	298	13,271.61	44.54	.031	60.33	1.37
OFFICE VISITS	146	201	7,338.51	36.51	.021	50.26	.76
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	76	87	5,667.88	65.15	.009	74.58	.59
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	9	10	265.22	26.52	.001	29.47	.03
INPATIENT VISITS	60	403	18,694.30	46.39	.042	311.57	1.94
HOSPITAL VISITS	58	384	16,819.30	43.80	.040	289.99	1.74
CRITICAL CARE	3	13	1,580.80	121.60	.001	526.93	.16
SNF/ICF/TRANS IP CARE	4	6	294.20	49.03	.001	73.55	.03
OPHTHALMOLOGICAL SERVICES	26	30	1,500.61	50.02	.003	57.72	.16

EXAMINATIONS	26	30		1,500.61		50.02	.003	57.72	.16
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	35	205		19,158.65		93.46	.021	547.39	1.98
PRINCIPAL SURGEON	24	40		14,970.47		374.26	.004	623.77	1.55
ASSISTANT SURGEON	3	3		781.09		260.36	.000	260.36	.08
ANESTHESIOLOGIST	12	162		3,407.09		21.03	.017	283.92	.35
OUTPATIENT SURGERY	45	178		15,742.25		88.44	.018	349.83	1.63
PRINCIPAL SURGEON	32	49		13,746.14		280.53	.005	429.57	1.42
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	14	129		1,996.11		15.47	.013	142.58	.21
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	32	98		844.61		8.62	.010	26.39	.09
RADIOLOGY	159	316		13,077.51		41.38	.033	82.25	1.35
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	14		88.01		6.29	.001	12.57	.01
OTHER SERVICES/ALL X-OVERS	751	1,609		27,698.68		17.21	.167	36.88	2.87
@PHARMACY	5,295	28,815	\$	1,289,414.77	\$	44.75	2.983	243.52	\$ 133.47
PRESCRIPTION DRUGS	5,253	22,811		1,275,575.38		55.92	2.361	242.83	132.03
SNF/ICF	2,536	13,417		644,538.06		48.04	1.389	254.16	66.72
OUTPATIENTS	2,771	9,394		631,037.32		67.17	.972	227.73	65.32
MEDICAL SUPPLIES	206	6,004		13,839.39		2.31	.621	67.18	1.43
@DENTIST	465	1,542	\$	74,839.45	\$	48.53	.160	160.95	\$ 7.75
VISITS - DIAGNOSTIC	332	914		15,605.44		17.07	.095	47.00	1.62
ORAL SURGERY	65	170		7,191.00		42.30	.018	110.63	.74
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	13	13		2,155.00		165.77	.001	165.77	.22
ENDODONTICS	21	25		5,161.00		206.44	.003	245.76	.53
RESTORATIVE DENTISTRY	89	182		16,206.00		89.04	.019	182.09	1.68
PROSTHETICS	6	11		1,530.00		139.09	.001	255.00	.16
DENTURES, STAYPLATES	72	227		26,991.01		118.90	.023	374.88	2.79
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 6,234
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED								

	9,661 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	47	121	\$	2,964.87	\$ 24.50	.013	\$ 63.08	\$.31
DIAGNOSTIC AND ANC. PROCED	32	34		1,509.50	44.40	.004	47.17	.16
EYE APPLIANCES	28	85		1,443.12	16.98	.009	51.54	.15
OTHER OPTOMETRIC SERVICES	1	2		12.25	6.13	.000	12.25	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	316	464	\$	2,653.64	\$ 5.72	.048	\$ 8.40	\$.27
MEDICINE/INJECTIONS	7	7		236.60	33.80	.001	33.80	.02
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	309	457		2,417.04	5.29	.047	7.82	.25
@HOME HEALTH AGENCY	27	219	\$	15,471.14	\$ 70.64	.023	\$ 573.01	\$ 1.60
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	627	3,376	\$	505,375.22	\$	149.70	.349	\$	806.02	\$	52.31
HOSP INPATIENT TOTAL	105	736		417,593.54		567.38	.076		3977.08		43.22
HSC HOSPITALS	51	254		326,964.65		1287.26	.026		6411.07		33.84
NON-HSC HOSPITAL TOTAL	4	19		12,227.54		643.55	.002		3056.89		1.27
ACCOMMODATIONS	4	19		4,499.44		236.81	.002		1124.86		.47
ADMINISTRATIVE DAYS	4	19		4,499.44		236.81	.002		1124.86		.47
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	4	0		7,728.10		.00	.000		1932.03		.80
INPATIENT CROSSOVERS	54	463		78,401.35		169.33	.048		1451.88		8.12
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	563	2,640		87,781.68		33.25	.273		155.92		9.09
MEDICAL	114	190		6,797.53		35.78	.020		59.63		.70
SURGERY	27	34		2,204.73		64.85	.004		81.66		.23
PATHOLOGY	120	620		7,252.14		11.70	.064		60.43		.75
RADIOLOGY	124	199		17,327.31		87.07	.021		139.74		1.79
ROOM USE	109	146		6,044.43		41.40	.015		55.45		.63
CROSSOVERS/ALL OTH OUTPTNT	369	1,451		48,155.54		33.19	.150		130.50		4.98
@COUNTY HOSPITAL TOTAL	2	6	\$	214.52	\$	35.75	.001	\$	107.26	\$	.02
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	2	6	214.52	35.75	.001	107.26	.02
MEDICAL	2	2	133.36	66.68	.000	66.68	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	4.71	4.71	.000	4.71	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	66.64	33.32	.000	33.32	.01
CROSSOVERS/ALL OTH OUTPTNT	1	1	9.81	9.81	.000	9.81	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MARIN COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

	9,661 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	627	3,370	\$	505,160.70	\$ 149.90	.349	\$ 805.68	\$ 52.29
COMM HOSP INPATIENT TOTAL	105	736		417,593.54	567.38	.076	3977.08	43.22
HSC HOSPITALS	51	254		326,964.65	1287.26	.026	6411.07	33.84
NON-HSC HOSPITALS TOTAL	4	19		12,227.54	643.55	.002	3056.89	1.27
ACCOMMODATIONS	4	19		4,499.44	236.81	.002	1124.86	.47
ADMINISTRATIVE DAYS	4	19		4,499.44	236.81	.002	1124.86	.47
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	4	0		7,728.10	.00	.000	1932.03	.80
INPATIENT CROSSOVERS	54	463		78,401.35	169.33	.048	1451.88	8.12
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	563	2,634		87,567.16	33.24	.273	155.54	9.06
MEDICAL	113	188		6,664.17	35.45	.019	58.97	.69
SURGERY	27	34		2,204.73	64.85	.004	81.66	.23
PATHOLOGY	120	619		7,247.43	11.71	.064	60.40	.75
RADIOLOGY	124	199		17,327.31	87.07	.021	139.74	1.79
ROOM USE	108	144		5,977.79	41.51	.015	55.35	.62
CROSSOVERS/ALL OTH OUTPTNT	368	1,450		48,145.73	33.20	.150	130.83	4.98
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	3,596	122,445	\$	12,479,230.68	\$ 101.92	12.674	\$ 3470.31	\$ 1291.71
LEV A-INTERMEDIATE	2	131		5,154.40	39.35	.014	2577.20	.53
LEV B-REHAB MD	5	85		9,815.57	115.48	.009	1963.11	1.02
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	3,592	122,229		12,464,260.71	101.97	12.652	3470.01	1290.16
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	23	25	\$	18,604.50	\$ 744.18	.003	\$ 808.89	\$ 1.93
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	23	25		18,604.50	744.18	.003	808.89	1.93
@REHABILITATION FACILITY	1	1	\$	44.37	\$ 44.37	.000	\$ 44.37	\$.00
HOSPITAL BASED	1	1		44.37	44.37	.000	44.37	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	215	1,748	\$	13,827.86	\$ 7.91	.181	\$ 64.32	\$ 1.43
PATHOLOGY	198	1,721		12,557.93	7.30	.178	63.42	1.30
XO AND OTHERS	23	27		1,269.93	47.03	.003	55.21	.13
@ORGANIZED OUTPATIENT CLINIC	469	741	\$	58,161.91	\$ 78.49	.077	\$ 124.01	\$ 6.02
CLINIC	29	52		1,777.15	34.18	.005	61.28	.18

SURGICENTER	3	3	615.99	205.33	.000	205.33	.06
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	446	686	55,768.77	81.30	.071	125.04	5.77

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

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9,661 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	917	51,859	\$ 291,557.51	\$ 5.62	5.368	\$ 317.95	\$ 30.18
DURABLE MED. EQUIP.	57	643	43,077.16	66.99	.067	755.74	4.46
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	35	46	5,460.83	118.71	.005	156.02	.57
MEDICAL TRANSPORTATION	218	2,037	18,702.30	9.18	.211	85.79	1.94
AMBULANCES/AIR TRANS	55	404	7,049.91	17.45	.042	128.18	.73
OTHER TRANS	26	194	902.35	4.65	.020	34.71	.09
OTHER SERVICES	144	1,439	10,750.04	7.47	.149	74.65	1.11
ACUPUNCTURE	11	26	475.77	18.30	.003	43.25	.05
ADULT DAY HEALTH CARE CTR	76	903	58,400.90	64.67	.093	768.43	6.05
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	82	401	28,929.46	72.14	.042	352.80	2.99
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	141	407	5,430.39	13.34	.042	38.51	.56
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	15	17	14.62	.86	.002	.97	.00
PROSTHETIST/ORTHOTISTS	7	22	614.16	27.92	.002	87.74	.06
PROSTHETICS	6	21	532.85	25.37	.002	88.81	.06
ORTHOTICS	1	1	81.31	81.31	.000	81.31	.01
PSYCHOLOGIST	21	26	132.86	5.11	.003	6.33	.01
SPEECH AND AUDIOLOGY	65	163	7,995.64	49.05	.017	123.01	.83
HOSPICE SERVICES	47	991	100,591.93	101.51	.103	2140.25	10.41
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	245	46,177	21,731.49	.47	4.780	88.70	2.25
@CALIF. CHILDREN SERVICES*	1	0	\$ 90.74	\$.00	.000	\$ 90.74	\$.01
@XOVER EXCLUDING STATE HOSP**	1,700	29,985	\$ 336,752.86	\$ 11.23	3.104	\$ 198.09	\$ 34.86

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,237 01/17/03
	FEE-FOR-SERVICE/DENTAL	
	SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND	

138 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	109	9,169	\$ 319,336.73	\$ 34.83	66.442	\$ 2929.69	\$ 2314.03
@PHYSICIANS SERVICES	31	108	\$ 1,778.91	\$ 16.47	.783	\$ 57.38	\$ 12.89
OUTPATIENT VISITS	6	11	463.97	42.18	.080	77.33	3.36
OFFICE VISITS	5	8	282.67	35.33	.058	56.53	2.05
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	3	181.30	60.43	.022	90.65	1.31
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00		.00	.000	.00	.00
INPATIENT VISITS	6	12		477.02		39.75	.087	79.50	3.46
HOSPITAL VISITS	1	1		80.10		80.10	.007	80.10	.58
CRITICAL CARE	0	0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	6	11		396.92		36.08	.080	66.15	2.88
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	46		141.91		3.09	.333	70.96	1.03
PRINCIPAL SURGEON	1	1		81.91		81.91	.007	81.91	.59
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	1	45		60.00		1.33	.326	60.00	.43
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	3	4		115.10		28.78	.029	38.37	.83
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	21	35		580.91		16.60	.254	27.66	4.21
@PHARMACY	91	1,729	\$	29,115.33	\$	16.84	12.529	\$ 319.95	\$ 210.98
PRESCRIPTION DRUGS	90	401		28,416.28		70.86	2.906	315.74	205.92
SNF/ICF	51	273		18,531.16		67.88	1.978	363.36	134.28
OUTPATIENTS	39	128		9,885.12		77.23	.928	253.46	71.63
MEDICAL SUPPLIES	4	1,328		699.05		.53	9.623	174.76	5.07
@DENTIST	5	18	\$	755.00	\$	41.94	.130	\$ 151.00	\$ 5.47
VISITS - DIAGNOSTIC	4	14		240.00		17.14	.101	60.00	1.74
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	1	2		400.00		200.00	.014	400.00	2.90
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1		90.00		90.00	.007	90.00	.65
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	1	1		25.00		25.00	.007	25.00	.18
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 6,238
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND								

138 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	6	6	\$ 18.56	\$ 3.09	.043	\$ 3.09	\$.13

MEDICINE/INJECTIONS	0	0		.00		.000	.00	.00
SURGERY/ANES.	0	0		.00		.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.000	.00	.00
OTHER	6	6		18.56	3.09	.043	3.09	.13
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
@TOTAL HOSPITAL	8	14	\$	1,450.26	\$	.101	\$	10.51
HOSP INPATIENT TOTAL	1	3		812.00		.022	812.00	5.88
HSC HOSPITALS	0	0		.00		.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.000	.00	.00
ACCOMMODATIONS	0	0		.00		.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.000	.00	.00
ANCILLARIES	0	0		.00		.000	.00	.00
INPATIENT CROSSOVERS	1	3		812.00		.022	812.00	5.88
ALL OTHER INPATIENT	0	0		.00		.000	.00	.00
HOSP OUTPATIENT TOTAL	7	11		638.26		.080	91.18	4.63
MEDICAL	2	2		93.68		.014	46.84	.68
SURGERY	1	1		112.36		.007	112.36	.81
PATHOLOGY	1	2		54.85		.014	54.85	.40
RADIOLOGY	0	0		5.22		.000	.00	.04
ROOM USE	0	0		88.17		.000	.00	.64
CROSSOVERS/ALL OTH OUTPTNT	4	6		283.98		.043	71.00	2.06
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.000	.00	.00
HSC HOSPITALS	0	0		.00		.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.000	.00	.00
ACCOMMODATIONS	0	0		.00		.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.000	.00	.00
ANCILLARIES	0	0		.00		.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.000	.00	.00
MEDICAL	0	0		.00		.000	.00	.00
SURGERY	0	0		.00		.000	.00	.00
PATHOLOGY	0	0		.00		.000	.00	.00
RADIOLOGY	0	0		.00		.000	.00	.00
ROOM USE	0	0		.00		.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

	138 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8		14	\$ 1,450.26	\$ 103.59	.101	\$ 181.28	\$ 10.51
COMM HOSP INPATIENT TOTAL	1		3	812.00	270.67	.022	812.00	5.88
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	3		812.00	270.67	.022	812.00	5.88
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7	11		638.26	58.02	.080	91.18	4.63
MEDICAL	2	2		93.68	46.84	.014	46.84	.68
SURGERY	1	1		112.36	112.36	.007	112.36	.81
PATHOLOGY	1	2		54.85	27.43	.014	54.85	.40
RADIOLOGY	0	0		5.22	.00	.000	.00	.04
ROOM USE	0	0		88.17	.00	.000	.00	.64
CROSSOVERS/ALL OTH OUTPTNT	4	6		283.98	47.33	.043	71.00	2.06
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	40	1,450	\$	163,116.29	\$ 112.49	10.507	\$ 4077.91	\$ 1182.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	40	1,450		163,116.29	112.49	10.507	4077.91	1182.00
@INTERMEDIATE CARE FACIL.-DD	28	908	\$	116,420.70	\$ 128.22	6.580	\$ 4157.88	\$ 843.63
ICF DDH	28	908		116,420.70	128.22	6.580	4157.88	843.63
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	8	31	\$	297.87	\$	9.61	.225	\$ 37.23	\$ 2.16
PATHOLOGY	8	31		297.87		9.61	.225	37.23	2.16
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5	7	\$	359.60	\$	51.37	.051	\$ 71.92	\$ 2.61
CLINIC	4	6		218.50		36.42	.043	54.63	1.58
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		141.10		141.10	.007	141.10	1.02

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

PAGE 6,240 01/17/03

138 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	25	4,898	\$ 6,024.21	\$ 1.23	35.493	\$ 240.97	\$ 43.65
DURABLE MED. EQUIP.	2	33	1,642.87	49.78	.239	821.44	11.90
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	130.00	65.00	.014	65.00	.94
MEDICAL TRANSPORTATION	4	186	908.18	4.88	1.348	227.05	6.58
AMBULANCES/AIR TRANS	1	54	541.98	10.04	.391	541.98	3.93
OTHER TRANS	3	124	284.29	2.29	.899	94.76	2.06
OTHER SERVICES	1	8	81.91	10.24	.058	81.91	.59
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	379.76	189.88	.014	379.76	2.75
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	10	37	1,339.45	36.20	.268	133.95	9.71
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	200	648.28	3.24	1.449	324.14	4.70
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	4,438	975.67	.22	32.159	121.96	7.07
@CALIF. CHILDREN SERVICES*	1	2	\$ 1,107.25	\$ 553.63	.014	\$ 1107.25	\$ 8.02
@XOVER EXCLUDING STATE HOSP**	32	59	\$ 2,494.86	\$ 42.29	.428	\$ 77.96	\$ 18.08

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,241 01/17/03
	FEE-FOR-SERVICE/DENTAL	
	SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED	

4,961 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,321	115,041	\$ 7,294,153.88	\$ 63.40	23.189	\$ 1688.07	\$ 1470.30
@PHYSICIANS SERVICES	824	3,357	\$ 110,997.66	\$ 33.06	.677	\$ 134.71	\$ 22.37

OUTPATIENT VISITS	210	322		12,829.94	39.84	.065	61.09	2.59
OFFICE VISITS	128	179		5,579.32	31.17	.036	43.59	1.12
HOME VISITS	2	2		50.40	25.20	.000	25.20	.01
EMERGENCY ROOM	82	118		6,559.86	55.59	.024	80.00	1.32
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	19	23		640.36	27.84	.005	33.70	.13
INPATIENT VISITS	115	686		28,689.50	41.82	.138	249.47	5.78
HOSPITAL VISITS	70	596		23,790.64	39.92	.120	339.87	4.80
CRITICAL CARE	6	22		2,460.40	111.84	.004	410.07	.50
SNF/ICF/TRANS IP CARE	46	68		2,438.46	35.86	.014	53.01	.49
OPHTHALMOLOGICAL SERVICES	8	8		397.89	49.74	.002	49.74	.08
EXAMINATIONS	8	8		397.89	49.74	.002	49.74	.08
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	30	93		7,271.19	78.18	.019	242.37	1.47
PRINCIPAL SURGEON	28	36		6,482.28	180.06	.007	231.51	1.31
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	57		788.91	13.84	.011	157.78	.16
OUTPATIENT SURGERY	48	186		6,903.39	37.12	.037	143.82	1.39
PRINCIPAL SURGEON	37	43		5,248.76	122.06	.009	141.86	1.06
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	11	143		1,654.63	11.57	.029	150.42	.33
DIALYSIS	1	1		225.04	225.04	.000	225.04	.05
PATHOLOGY	30	132		924.19	7.00	.027	30.81	.19
RADIOLOGY	106	248		12,077.67	48.70	.050	113.94	2.43
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	37		21,131.78	571.13	.007	3521.96	4.26
OTHER SERVICES/ALL X-OVERS	525	1,644		20,547.07	12.50	.331	39.14	4.14
@PHARMACY	3,540	26,657	\$	2,250,480.99	\$ 84.42	5.373	\$ 635.73	\$ 453.63
PRESCRIPTION DRUGS	3,518	17,997		2,220,429.45	123.38	3.628	631.16	447.58
SNF/ICF	769	5,389		547,016.56	101.51	1.086	711.33	110.26
OUTPATIENTS	2,791	12,608		1,673,412.89	132.73	2.541	599.57	337.31
MEDICAL SUPPLIES	235	8,660		30,051.54	3.47	1.746	127.88	6.06
@DENTIST	405	1,293	\$	62,025.38	\$ 47.97	.261	\$ 153.15	\$ 12.50
VISITS - DIAGNOSTIC	295	835		15,355.24	18.39	.168	52.05	3.10
ORAL SURGERY	36	62		3,348.89	54.01	.012	93.02	.68
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	32	49		9,180.00	187.35	.010	286.88	1.85
ENDODONTICS	20	21		3,644.00	173.52	.004	182.20	.73
RESTORATIVE DENTISTRY	115	271		24,456.25	90.24	.055	212.66	4.93
PROSTHETICS	10	10		230.00	23.00	.002	23.00	.05
DENTURES, STAYPLATES	19	35		5,811.00	166.03	.007	305.84	1.17
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	10		.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
MARIN COUNTY	SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED							
----- MONTHLY AVERAGE -----								
4,961 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	38	70	\$	1,846.14	\$ 26.37	.014	\$ 48.58	\$.37
DIAGNOSTIC AND ANC. PROCED	18	18		854.10	47.45	.004	47.45	.17

EYE APPLIANCES	18	39		963.53	24.71	.008	53.53	.19
OTHER OPTOMETRIC SERVICES	7	13		28.51	2.19	.003	4.07	.01
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	96	145	\$	965.14	\$ 6.66	.029	\$ 10.05	\$.19
MEDICINE/INJECTIONS	5	5		166.20	33.24	.001	33.24	.03
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	91	140		798.94	5.71	.028	8.78	.16
@HOME HEALTH AGENCY	18	3,597	\$	107,700.69	\$ 29.94	.725	\$ 5983.37	\$ 21.71
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	646	4,291	\$	928,870.64	\$ 216.47	.865	\$ 1437.88	\$ 187.23
HOSP INPATIENT TOTAL	93	1,075		831,691.63	773.67	.217	8942.92	167.65
HSC HOSPITALS	34	307		452,403.00	1473.63	.062	13305.97	91.19
NON-HSC HOSPITAL TOTAL	9	127		300,640.88	2367.25	.026	33404.54	60.60
ACCOMMODATIONS	9	127		97,951.43	771.27	.026	10883.49	19.74
ADMINISTRATIVE DAYS	4	58		12,934.40	223.01	.012	3233.60	2.61
TRANSITIONAL IP CARE	0	0		100.68	.00	.000	.00	.02
ALL OTHER ACCOM	5	69		84,916.35	1230.67	.014	16983.27	17.12
ANCILLARIES	9	0		202,689.45	.00	.000	22521.05	40.86
INPATIENT CROSSOVERS	54	641		78,647.75	122.70	.129	1456.44	15.85
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	576	3,216		97,179.01	30.22	.648	168.71	19.59
MEDICAL	103	177		7,082.23	40.01	.036	68.76	1.43
SURGERY	37	72		2,532.41	35.17	.015	68.44	.51
PATHOLOGY	87	477		6,103.20	12.79	.096	70.15	1.23
RADIOLOGY	55	135		16,160.82	119.71	.027	293.83	3.26
ROOM USE	118	250		12,346.40	49.39	.050	104.63	2.49
CROSSOVERS/ALL OTH OUTPTNT	446	2,105		52,953.95	25.16	.424	118.73	10.67
@COUNTY HOSPITAL TOTAL	6	38	\$	730.25	\$ 19.22	.008	\$ 121.71	\$.15
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	38		730.25	19.22	.008	121.71	.15
MEDICAL	1	1		41.52	41.52	.000	41.52	.01
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	13		131.41	10.11	.003	43.80	.03
RADIOLOGY	2	8		167.24	20.91	.002	83.62	.03
ROOM USE	4	6		269.15	44.86	.001	67.29	.05
CROSSOVERS/ALL OTH OUTPTNT	4	10		120.93	12.09	.002	30.23	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 6,243
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED							

4,961 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
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----- MONTHLY AVERAGE -----

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	640	4,253	\$	928,140.39	\$ 218.23	.857	\$ 1450.22	\$ 187.09
COMM HOSP INPATIENT TOTAL	93	1,075		831,691.63	773.67	.217	8942.92	167.65
HSC HOSPITALS	34	307		452,403.00	1473.63	.062	13305.97	91.19
NON-HSC HOSPITALS TOTAL	9	127		300,640.88	2367.25	.026	33404.54	60.60
ACCOMMODATIONS	9	127		97,951.43	771.27	.026	10883.49	19.74
ADMINISTRATIVE DAYS	4	58		12,934.40	223.01	.012	3233.60	2.61
TRANSITIONAL IP CARE	0	0		100.68	.00	.000	.00	.02
ALL OTHER ACCOM	5	69		84,916.35	1230.67	.014	16983.27	17.12
ANCILLARIES	9	0		202,689.45	.00	.000	22521.05	40.86
INPATIENT CROSSOVERS	54	641		78,647.75	122.70	.129	1456.44	15.85
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	570	3,178		96,448.76	30.35	.641	169.21	19.44
MEDICAL	102	176		7,040.71	40.00	.035	69.03	1.42
SURGERY	37	72		2,532.41	35.17	.015	68.44	.51
PATHOLOGY	84	464		5,971.79	12.87	.094	71.09	1.20
RADIOLOGY	53	127		15,993.58	125.93	.026	301.77	3.22
ROOM USE	114	244		12,077.25	49.50	.049	105.94	2.43
CROSSOVERS/ALL OTH OUTPTNT	442	2,095		52,833.02	25.22	.422	119.53	10.65
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	483	15,343	\$	1,906,016.18	\$ 124.23	3.093	\$ 3946.20	\$ 384.20
LEV A-INTERMEDIATE	16	582		34,850.85	59.88	.117	2178.18	7.02
LEV B-REHAB MD	104	4,110		428,257.85	104.20	.828	4117.86	86.32
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	21	703		332,113.90	472.42	.142	15814.95	66.94
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	345	9,948		1,110,793.58	111.66	2.005	3219.69	223.91
@INTERMEDIATE CARE FACIL.-DD	402	12,921	\$	1,677,388.80	\$ 129.82	2.605	\$ 4172.61	\$ 338.12
ICF DDH	402	12,921		1,677,388.80	129.82	2.605	4172.61	338.12
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	43	100	\$	32,479.82	\$ 324.80	.020	\$ 755.34	\$ 6.55
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	43	100		32,479.82	324.80	.020	755.34	6.55
@REHABILITATION FACILITY	4	47	\$	717.89	\$ 15.27	.009	\$ 179.47	\$.14
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	4	47		717.89	15.27	.009	179.47	.14
@LABORATORY FACILITY	201	1,093	\$	15,305.31	\$ 14.00	.220	\$ 76.15	\$ 3.09
PATHOLOGY	186	1,075		14,846.28	13.81	.217	79.82	2.99
XO AND OTHERS	17	18		459.03	25.50	.004	27.00	.09
@ORGANIZED OUTPATIENT CLINIC	336	634	\$	30,637.90	\$ 48.32	.128	\$ 91.18	\$ 6.18
CLINIC	79	244		4,214.85	17.27	.049	53.35	.85
SURGICENTER	3	3		698.87	232.96	.001	232.96	.14
HEROIN DETOX CLINIC	2	12		178.61	14.88	.002	89.31	.04
RURAL HEALTH CLINIC	260	375		25,545.57	68.12	.076	98.25	5.15
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MARIN COUNTY	SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED							

					----- MONTHLY AVERAGE -----			
4,961 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	572	45,493	\$ 168,721.34	\$ 3.71	9.170	\$ 294.97	\$ 34.01	
DURABLE MED. EQUIP.	32	335	16,728.74	49.94	.068	522.77	3.37	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	

HEARING AID DISPENSERS	2	3	80.24	26.75	.001	40.12	.02
MEDICAL TRANSPORTATION	139	2,092	15,829.47	7.57	.422	113.88	3.19
AMBULANCES/AIR TRANS	48	891	9,203.61	10.33	.180	191.74	1.86
OTHER TRANS	25	343	1,033.38	3.01	.069	41.34	.21
OTHER SERVICES	73	858	5,592.48	6.52	.173	76.61	1.13
ACUPUNCTURE	1	4	75.69	18.92	.001	75.69	.02
ADULT DAY HEALTH CARE CTR	28	384	25,636.46	66.76	.077	915.59	5.17
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	22	94	8,433.72	89.72	.019	383.35	1.70
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	81	263	3,703.98	14.08	.053	45.73	.75
PHYSICAL THERAPIST	1	3	68.92	22.97	.001	68.92	.01
PORTABLE X-RAY	6	13	161.41	12.42	.003	26.90	.03
PROSTHETIST/ORTHOTISTS	7	19	1,389.32	73.12	.004	198.47	.28
PROSTHETICS	7	19	1,389.32	73.12	.004	198.47	.28
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	17	21	146.63	6.98	.004	8.63	.03
SPEECH AND AUDIOLOGY	97	331	12,959.62	39.15	.067	133.60	2.61
HOSPICE SERVICES	17	482	57,299.74	118.88	.097	3370.57	11.55
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	27	1,456	6,887.57	4.73	.293	255.10	1.39
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	159	39,993	19,319.83	.48	8.061	121.51	3.89
@CALIF. CHILDREN SERVICES*	11	61	\$ 4,075.41	\$ 66.81	.012	\$ 370.49	\$.82
@XOVER EXCLUDING STATE HOSP**	1,033	6,778	\$ 238,400.39	\$ 35.17	1.366	\$ 230.78	\$ 48.05

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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MARIN COUNTY

SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

54,692 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	19,479	99,801	\$ 6,772,913.97	\$ 67.86	1.825	\$ 347.70	\$ 123.84
@PHYSICIANS SERVICES	5,823	13,890	\$ 776,845.96	\$ 55.93	.254	\$ 133.41	\$ 14.20
OUTPATIENT VISITS	3,701	4,739	181,955.53	38.40	.087	49.16	3.33
OFFICE VISITS	1,946	2,504	80,340.95	32.09	.046	41.29	1.47
HOME VISITS	1	1	44.95	44.95	.000	44.95	.00
EMERGENCY ROOM	1,787	2,040	93,288.85	45.73	.037	52.20	1.71
PREVENTIVE CARE	6	6	257.98	43.00	.000	43.00	.00
OB VISITS/COMPRE PERI	44	102	5,294.04	51.90	.002	120.32	.10
OTHER OUTPATIENT	79	86	2,728.76	31.73	.002	34.54	.05
INPATIENT VISITS	257	1,059	76,877.78	72.59	.019	299.14	1.41
HOSPITAL VISITS	246	813	39,348.70	48.40	.015	159.95	.72
CRITICAL CARE	34	235	37,261.58	158.56	.004	1095.93	.68
SNF/ICF/TRANS IP CARE	5	11	267.50	24.32	.000	53.50	.00
OPHTHALMOLOGICAL SERVICES	133	159	6,872.30	43.22	.003	51.67	.13
EXAMINATIONS	133	159	6,872.30	43.22	.003	51.67	.13
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	492	1,803	223,177.24	123.78	.033	453.61	4.08
PRINCIPAL SURGEON	355	407	184,343.18	452.93	.007	519.28	3.37
ASSISTANT SURGEON	19	19	3,574.28	188.12	.000	188.12	.07
ANESTHESIOLOGIST	155	1,377	35,259.78	25.61	.025	227.48	.64
OUTPATIENT SURGERY	559	1,318	70,353.09	53.38	.024	125.86	1.29
PRINCIPAL SURGEON	484	655	55,603.16	84.89	.012	114.88	1.02
ASSISTANT SURGEON	2	2	284.29	142.15	.000	142.15	.01
ANESTHESIOLOGIST	104	661	14,465.64	21.88	.012	139.09	.26
DIALYSIS	5	6	1,607.46	267.91	.000	321.49	.03
PATHOLOGY	368	714	7,352.98	10.30	.013	19.98	.13
RADIOLOGY	1,600	2,224	78,787.82	35.43	.041	49.24	1.44
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	75	165	1,577.77	9.56	.003	21.04	.03
OTHER SERVICES/ALL X-OVERS	722	1,703	128,283.99	75.33	.031	177.68	2.35
@PHARMACY	7,904	19,770	\$ 953,797.74	\$ 48.24	.361	\$ 120.67	\$ 17.44
PRESCRIPTION DRUGS	7,802	16,866	919,336.04	54.51	.308	117.83	16.81
SNF/ICF	33	95	34,754.45	365.84	.002	1053.17	.64
OUTPATIENTS	7,779	16,771	884,581.59	52.74	.307	113.71	16.17
MEDICAL SUPPLIES	305	2,904	34,461.70	11.87	.053	112.99	.63
@DENTIST	2,544	9,105	\$ 304,507.97	\$ 33.44	.166	\$ 119.70	\$ 5.57
VISITS - DIAGNOSTIC	1,852	6,089	106,378.57	17.47	.111	57.44	1.95
ORAL SURGERY	266	458	26,871.75	58.67	.008	101.02	.49
DRUGS	74	80	1,671.75	20.90	.001	22.59	.03
ANESTHESIA	16	16	1,500.00	93.75	.000	93.75	.03
PERIODONTICS	50	53	7,506.25	141.63	.001	150.13	.14
ENDODONTICS	161	246	33,828.75	137.52	.004	210.12	.62
RESTORATIVE DENTISTRY	861	1,960	115,955.50	59.16	.036	134.68	2.12
PROSTHETICS	10	12	300.00	25.00	.000	30.00	.01
DENTURES, STAYPLATES	21	93	5,452.00	58.62	.002	259.62	.10
SPACE MAINTAINERS	13	15	1,440.00	96.00	.000	110.77	.03
MAXILLOFACIAL SERVICES	6	7	696.13	99.45	.000	116.02	.01
FRACTURES, DISLOCATIONS	3	3	105.00	35.00	.000	35.00	.00
ORTHODONTIC SERVICES	42	52	2,652.27	51.01	.001	63.15	.05
ALL OTHER SERVICES	13	21	150.00	7.14	.000	11.54	.00

MARIN COUNTY

SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

54,692 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	197	402	\$ 11,608.52	\$ 28.88	.007	\$	58.93	\$.21
DIAGNOSTIC AND ANC. PROCED	177	177	8,330.62	47.07	.003		47.07	.15
EYE APPLIANCES	72	225	3,277.90	14.57	.004		45.53	.06
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	10	21	\$ 351.12	\$ 16.72	.000	\$	35.11	\$.01
VISITS	10	21	351.12	16.72	.000		35.11	.01
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	39	68	\$ 2,326.64	\$ 34.22	.001	\$	59.66	\$.04
MEDICINE/INJECTIONS	37	41	1,193.98	29.12	.001		32.27	.02
SURGERY/ANES.	5	6	74.00	12.33	.000		14.80	.00
RADIO./PATHOLOGY	5	9	159.14	17.68	.000		31.83	.00
OTHER	6	12	899.52	74.96	.000		149.92	.02
@HOME HEALTH AGENCY	243	437	\$ 24,346.79	\$ 55.71	.008	\$	100.19	\$.45
NURSE ANESTHESIST	1	15	248.54	16.57	.000	\$	248.54	\$.00
NURSE MIDWIFE	2	12	309.21	25.77	.000	\$	154.61	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	6.38	.00	.000	\$	.00	\$.00
FAMILY NURSE PRACTITIONER	2	7	63.10	9.01	.000	\$	31.55	\$.00
@TOTAL HOSPITAL	3,699	14,392	\$ 3,109,317.49	\$ 216.04	.263	\$	840.58	\$ 56.85
HOSP INPATIENT TOTAL	502	1,931	2,674,701.67	1385.14	.035		5328.09	48.90
HSC HOSPITALS	482	1,875	2,594,549.71	1383.76	.034		5382.88	47.44
NON-HSC HOSPITAL TOTAL	20	51	79,339.96	1555.69	.001		3967.00	1.45
ACCOMMODATIONS	20	51	30,165.40	591.48	.001		1508.27	.55
ADMINISTRATIVE DAYS	2	2	61.37	30.69	.000		30.69	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	19	49	30,104.03	614.37	.001		1584.42	.55
ANCILLARIES	20	0	49,174.56	.00	.000		2458.73	.90
INPATIENT CROSSOVERS	1	5	812.00	162.40	.000		812.00	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	3,347	12,461	434,615.82	34.88	.228		129.85	7.95
MEDICAL	1,387	1,892	73,840.02	39.03	.035		53.24	1.35
SURGERY	267	379	15,707.24	41.44	.007		58.83	.29
PATHOLOGY	1,070	3,925	41,567.51	10.59	.072		38.85	.76
RADIOLOGY	1,065	1,345	97,743.86	72.67	.025		91.78	1.79
ROOM USE	1,648	2,157	91,424.31	42.38	.039		55.48	1.67
CROSSOVERS/ALL OTH OUTPTNT	1,319	2,763	114,332.88	41.38	.051		86.68	2.09
@COUNTY HOSPITAL TOTAL	51	278	\$ 18,747.93	\$ 67.44	.005	\$	367.61	\$.34
CO HOSPITAL INPATIENT TOTAL	6	11	11,403.02	1036.64	.000		1900.50	.21
HSC HOSPITALS	6	11	11,403.02	1036.64	.000		1900.50	.21
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	46	267	7,344.91	27.51	.005		159.67	.13
MEDICAL	13	16	414.80	25.93	.000		31.91	.01
SURGERY	14	19	550.41	28.97	.000		39.32	.01
PATHOLOGY	26	129	2,543.13	19.71	.002		97.81	.05
RADIOLOGY	6	6	363.43	60.57	.000		60.57	.01
ROOM USE	29	51	2,541.46	49.83	.001		87.64	.05

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
54,692 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	3,653	14,114	\$ 3,090,569.56	\$ 218.97	.258	\$ 846.04	\$ 56.51
COMM HOSP INPATIENT TOTAL	496	1,920	2,663,298.65	1387.13	.035	5369.55	48.70
HSC HOSPITALS	476	1,864	2,583,146.69	1385.81	.034	5426.78	47.23
NON-HSC HOSPITALS TOTAL	20	51	79,339.96	1555.69	.001	3967.00	1.45
ACCOMMODATIONS	20	51	30,165.40	591.48	.001	1508.27	.55
ADMINISTRATIVE DAYS	2	2	61.37	30.69	.000	30.69	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	19	49	30,104.03	614.37	.001	1584.42	.55
ANCILLARIES	20	0	49,174.56	.00	.000	2458.73	.90
INPATIENT CROSSTOVERS	1	5	812.00	162.40	.000	812.00	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,306	12,194	427,270.91	35.04	.223	129.24	7.81
MEDICAL	1,375	1,876	73,425.22	39.14	.034	53.40	1.34
SURGERY	254	360	15,156.83	42.10	.007	59.67	.28
PATHOLOGY	1,044	3,796	39,024.38	10.28	.069	37.38	.71
RADIOLOGY	1,060	1,339	97,380.43	72.73	.024	91.87	1.78
ROOM USE	1,624	2,106	88,882.85	42.20	.039	54.73	1.63
CROSSTOVERS/ALL OTH OUTPTNT	1,301	2,717	113,401.20	41.74	.050	87.16	2.07
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	3	348	\$ 42,509.64	\$ 122.15	.006	\$ 14169.88	\$.78
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	3	348	42,509.64	122.15	.006	14169.88	.78
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	9	443	\$ 13,631.75	\$ 30.77	.008	\$ 1514.64	\$.25
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	9	443	13,631.75	30.77	.008	1514.64	.25
@REHABILITATION FACILITY	8	94	\$ 1,375.78	\$ 14.64	.002	\$ 171.97	\$.03
HOSPITAL BASED	0	1CR	7.58	7.58CR	.000	.00	.00
INDEPENDENT FACILITY	8	95	1,368.20	14.40	.002	171.03	.03
@LABORATORY FACILITY	2,735	10,178	\$ 138,133.51	\$ 13.57	.186	\$ 50.51	\$ 2.53
PATHOLOGY	2,725	10,163	136,857.64	13.47	.186	50.22	2.50
XO AND OTHERS	13	15	1,275.87	85.06	.000	98.14	.02
@ORGANIZED OUTPATIENT CLINIC	6,857	22,456	\$ 1,259,176.48	\$ 56.07	.411	\$ 183.63	\$ 23.02
CLINIC	2,136	14,213	262,393.11	18.46	.260	122.84	4.80
SURGICENTER	2	9	199.88	22.21	.000	99.94	.00
HEROIN DETOX CLINIC	3	46	540.36	11.75	.001	180.12	.01
RURAL HEALTH CLINIC	5,038	8,188	996,043.13	121.65	.150	197.71	18.21
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MARIN COUNTY	SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES						

54,692 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,328	8,163	\$ 134,357.35	\$ 16.46	.149	\$ 101.17	\$ 2.46
DURABLE MED. EQUIP.	64	90	6,335.35	70.39	.002	98.99	.12
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	11	47	5,652.83	120.27	.001	513.89	.10
MEDICAL TRANSPORTATION	144	1,508	38,271.99	25.38	.028	265.78	.70
AMBULANCES/AIR TRANS	143	1,496	25,630.70	17.13	.027	179.24	.47
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	8	12	12,641.29	1053.44	.000	1580.16	.23
ACUPUNCTURE	36	80	1,459.75	18.25	.001	40.55	.03
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	175	177	14,981.00	84.64	.003	85.61	.27
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	300	817	9,591.37	11.74	.015	31.97	.18
PHYSICAL THERAPIST	2	5	89.96	17.99	.000	44.98	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	51	137	19,520.83	142.49	.003	382.76	.36
PROSTHETICS	46	131	19,080.99	145.66	.002	414.80	.35
ORTHOTICS	5	6	439.84	73.31	.000	87.97	.01
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	6	13	652.84	50.22	.000	108.81	.01
HOSPICE SERVICES	1	5	818.55	163.71	.000	818.55	.01
NONINST BIRTHING CENTERS	1	1	1,007.23	1007.23	.000	1007.23	.02
LOCAL EDUCATION AGENCIES	533	3,256	34,817.89	10.69	.060	65.32	.64
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	16	2,027	1,157.76	.57	.037	72.36	.02
@CALIF. CHILDREN SERVICES*	230	2,311	\$ 582,422.48	\$ 252.02	.042	\$ 2532.27	\$ 10.65
@XOVER EXCLUDING STATE HOSP**	69	235	\$ 17,199.90	\$ 73.19	.004	\$ 249.27	\$.31

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

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69,452 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	31,260	438,518	\$ 29,248,626.73	\$ 66.70	6.314	\$ 935.66	\$ 421.13
@PHYSICIANS SERVICES	7,753	20,506	\$ 999,698.76	\$ 48.75	.295	\$ 128.94	\$ 14.39
OUTPATIENT VISITS	4,137	5,370	208,521.05	38.83	.077	50.40	3.00
OFFICE VISITS	2,225	2,892	93,541.45	32.34	.042	42.04	1.35
HOME VISITS	3	3	95.35	31.78	.000	31.78	.00
EMERGENCY ROOM	1,947	2,248	105,697.89	47.02	.032	54.29	1.52
PREVENTIVE CARE	6	6	257.98	43.00	.000	43.00	.00
OB VISITS/COMPRE PERI	44	102	5,294.04	51.90	.001	120.32	.08
OTHER OUTPATIENT	107	119	3,634.34	30.54	.002	33.97	.05
INPATIENT VISITS	438	2,160	124,738.60	57.75	.031	284.79	1.80
HOSPITAL VISITS	375	1,794	80,038.74	44.61	.026	213.44	1.15
CRITICAL CARE	43	270	41,302.78	152.97	.004	960.53	.59
SNF/ICF/TRANS IP CARE	61	96	3,397.08	35.39	.001	55.69	.05
OPHTHALMOLOGICAL SERVICES	167	197	8,770.80	44.52	.003	52.52	.13

EXAMINATIONS	167	197	8,770.80	44.52	.003	52.52	.13
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	559	2,147	249,748.99	116.32	.031	446.78	3.60
PRINCIPAL SURGEON	408	484	205,877.84	425.37	.007	504.60	2.96
ASSISTANT SURGEON	22	22	4,355.37	197.97	.000	197.97	.06
ANESTHESIOLOGIST	173	1,641	39,515.78	24.08	.024	228.41	.57
OUTPATIENT SURGERY	652	1,682	92,998.73	55.29	.024	142.64	1.34
PRINCIPAL SURGEON	553	747	74,598.06	99.86	.011	134.90	1.07
ASSISTANT SURGEON	2	2	284.29	142.15	.000	142.15	.00
ANESTHESIOLOGIST	129	933	18,116.38	19.42	.013	140.44	.26
DIALYSIS	6	7	1,832.50	261.79	.000	305.42	.03
PATHOLOGY	430	944	9,121.78	9.66	.014	21.21	.13
RADIOLOGY	1,868	2,792	104,058.10	37.27	.040	55.71	1.50
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	88	216	22,797.56	105.54	.003	259.06	.33
OTHER SERVICES/ALL X-OVERS	2,019	4,991	177,110.65	35.49	.072	87.72	2.55
@PHARMACY	16,830	76,971	\$ 4,522,808.83	\$ 58.76	1.108	\$ 268.73	\$ 65.12
PRESCRIPTION DRUGS	16,663	58,075	4,443,757.15	76.52	.836	266.68	63.98
SNF/ICF	3,389	19,174	1,244,840.23	64.92	.276	367.32	17.92
OUTPATIENTS	13,380	38,901	3,198,916.92	82.23	.560	239.08	46.06
MEDICAL SUPPLIES	750	18,896	79,051.68	4.18	.272	105.40	1.14
@DENTIST	3,419	11,958	\$ 442,127.80	\$ 36.97	.172	\$ 129.31	\$ 6.37
VISITS - DIAGNOSTIC	2,483	7,852	137,579.25	17.52	.113	55.41	1.98
ORAL SURGERY	367	690	37,411.64	54.22	.010	101.94	.54
DRUGS	74	80	1,671.75	20.90	.001	22.59	.02
ANESTHESIA	16	16	1,500.00	93.75	.000	93.75	.02
PERIODONTICS	96	117	19,241.25	164.46	.002	200.43	.28
ENDODONTICS	202	292	42,633.75	146.01	.004	211.06	.61
RESTORATIVE DENTISTRY	1,066	2,414	156,707.75	64.92	.035	147.01	2.26
PROSTHETICS	26	33	2,060.00	62.42	.000	79.23	.03
DENTURES, STAYPLATES	113	356	38,279.01	107.53	.005	338.75	.55
SPACE MAINTAINERS	13	15	1,440.00	96.00	.000	110.77	.02

MAXILLOFACIAL SERVICES	6	7	696.13	99.45	.000	116.02	.01
FRACTURES, DISLOCATIONS	3	3	105.00	35.00	.000	35.00	.00
ORTHODONTIC SERVICES	42	52	2,652.27	51.01	.001	63.15	.04
ALL OTHER SERVICES	16	31	150.00	4.84	.000	9.38	.00

#CALIF DEPT OF HEALTH SERV MOP024
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
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SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

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69,452 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	282	593	\$ 16,419.53	\$ 27.69	.009	\$ 58.23	\$.24	
DIAGNOSTIC AND ANC. PROCED	227	229	10,694.22	46.70	.003	47.11	.15	
EYE APPLIANCES	118	349	5,684.55	16.29	.005	48.17	.08	
OTHER OPTOMETRIC SERVICES	8	15	40.76	2.72	.000	5.10	.00	
@CHIROPRACTOR	10	21	\$ 351.12	\$ 16.72	.000	\$ 35.11	\$.01	
VISITS	10	21	351.12	16.72	.000	35.11	.01	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	457	683	\$ 5,963.98	\$ 8.73	.010	\$ 13.05	\$.09	
MEDICINE/INJECTIONS	49	53	1,596.78	30.13	.001	32.59	.02	
SURGERY/ANES.	5	6	74.00	12.33	.000	14.80	.00	
RADIO./PATHOLOGY	5	9	159.14	17.68	.000	31.83	.00	
OTHER	412	615	4,134.06	6.72	.009	10.03	.06	
@HOME HEALTH AGENCY	288	4,253	\$ 147,518.62	\$ 34.69	.061	\$ 512.22	\$ 2.12	
NURSE ANESTHESIST	1	15	\$ 248.54	\$ 16.57	.000	\$ 248.54	\$.00	
NURSE MIDWIFE	2	12	\$ 309.21	\$ 25.77	.000	\$ 154.61	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$ 6.38	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	2	7	\$ 63.10	\$ 9.01	.000	\$ 31.55	\$.00	
@TOTAL HOSPITAL	4,980	22,073	\$ 4,545,013.61	\$ 205.91	.318	\$ 912.65	\$ 65.44	
HOSP INPATIENT TOTAL	701	3,745	3,924,798.84	1048.01	.054	5598.86	56.51	
HSC HOSPITALS	567	2,436	3,373,917.36	1385.02	.035	5950.47	48.58	
NON-HSC HOSPITAL TOTAL	33	197	392,208.38	1990.91	.003	11885.10	5.65	
ACCOMMODATIONS	33	197	132,616.27	673.18	.003	4018.67	1.91	
ADMINISTRATIVE DAYS	10	79	17,495.21	221.46	.001	1749.52	.25	
TRANSITIONAL IP CARE	0	0	100.68	.00	.000	.00	.00	
ALL OTHER ACCOM	24	118	115,020.38	974.75	.002	4792.52	1.66	
ANCILLARIES	33	0	259,592.11	.00	.000	7866.43	3.74	
INPATIENT CROSSOVERS	110	1,112	158,673.10	142.69	.016	1442.48	2.28	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	4,493	18,328	620,214.77	33.84	.264	138.04	8.93	
MEDICAL	1,606	2,261	87,813.46	38.84	.033	54.68	1.26	
SURGERY	332	486	20,556.74	42.30	.007	61.92	.30	
PATHOLOGY	1,278	5,024	54,977.70	10.94	.072	43.02	.79	
RADIOLOGY	1,244	1,679	131,237.21	78.16	.024	105.50	1.89	
ROOM USE	1,875	2,553	109,903.31	43.05	.037	58.62	1.58	
CROSSOVERS/ALL OTH OUTPTNT	2,138	6,325	215,726.35	34.11	.091	100.90	3.11	
@COUNTY HOSPITAL TOTAL	59	322	\$ 19,692.70	\$ 61.16	.005	\$ 333.77	\$.28	
CO HOSPITAL INPATIENT TOTAL	6	11	11,403.02	1036.64	.000	1900.50	.16	
HSC HOSPITALS	6	11	11,403.02	1036.64	.000	1900.50	.16	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

CO HOSP OUTPATIENT TOTAL	54	311	8,289.68	26.65	.004	153.51	.12
MEDICAL	16	19	589.68	31.04	.000	36.86	.01
SURGERY	14	19	550.41	28.97	.000	39.32	.01
PATHOLOGY	30	143	2,679.25	18.74	.002	89.31	.04
RADIOLOGY	8	14	530.67	37.91	.000	66.33	.01
ROOM USE	35	59	2,877.25	48.77	.001	82.21	.04
CROSSOVERS/ALL OTH OUTPTNT	24	57	1,062.42	18.64	.001	44.27	.02

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MARIN COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

	69,452 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,928	21,751	\$	4,525,320.91	\$ 208.05	.313	\$ 918.29	\$ 65.16
COMM HOSP INPATIENT TOTAL	695	3,734		3,913,395.82	1048.04	.054	5630.79	56.35
HSC HOSPITALS	561	2,425		3,362,514.34	1386.60	.035	5993.79	48.41
NON-HSC HOSPITALS TOTAL	33	197		392,208.38	1990.91	.003	11885.10	5.65
ACCOMMODATIONS	33	197		132,616.27	673.18	.003	4018.67	1.91
ADMINISTRATIVE DAYS	10	79		17,495.21	221.46	.001	1749.52	.25
TRANSITIONAL IP CARE	0	0		100.68	.00	.000	.00	.00
ALL OTHER ACCOM	24	118		115,020.38	974.75	.002	4792.52	1.66
ANCILLARIES	33	0		259,592.11	.00	.000	7866.43	3.74
INPATIENT CROSSOVERS	110	1,112		158,673.10	142.69	.016	1442.48	2.28
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,446	18,017		611,925.09	33.96	.259	137.63	8.81
MEDICAL	1,592	2,242		87,223.78	38.90	.032	54.79	1.26
SURGERY	319	467		20,006.33	42.84	.007	62.72	.29
PATHOLOGY	1,249	4,881		52,298.45	10.71	.070	41.87	.75
RADIOLOGY	1,237	1,665		130,706.54	78.50	.024	105.66	1.88
ROOM USE	1,846	2,494		107,026.06	42.91	.036	57.98	1.54
CROSSOVERS/ALL OTH OUTPTNT	2,115	6,268		214,663.93	34.25	.090	101.50	3.09
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	4,122	139,586	\$	14,590,872.79	\$ 104.53	2.010	\$ 3539.76	\$ 210.09
LEV A-INTERMEDIATE	18	713		40,005.25	56.11	.010	2222.51	.58
LEV B-REHAB MD	109	4,195		438,073.42	104.43	.060	4019.02	6.31
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	21	703		332,113.90	472.42	.010	15814.95	4.78
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	3,980	133,975		13,780,680.22	102.86	1.929	3462.48	198.42
@INTERMEDIATE CARE FACIL.-DD	430	13,829	\$	1,793,809.50	\$ 129.71	.199	\$ 4171.65	\$ 25.83
ICF DDH	430	13,829		1,793,809.50	129.71	.199	4171.65	25.83
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	75	568	\$	64,716.07	\$ 113.94	.008	\$ 862.88	\$.93
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	75	568		64,716.07	113.94	.008	862.88	.93
@REHABILITATION FACILITY	13	142	\$	2,138.04	\$ 15.06	.002	\$ 164.46	\$.03
HOSPITAL BASED	1	0		51.95	.00	.000	51.95	.00
INDEPENDENT FACILITY	12	142		2,086.09	14.69	.002	173.84	.03
@LABORATORY FACILITY	3,159	13,050	\$	167,564.55	\$ 12.84	.188	\$ 53.04	\$ 2.41
PATHOLOGY	3,117	12,990		164,559.72	12.67	.187	52.79	2.37
XO AND OTHERS	53	60		3,004.83	50.08	.001	56.69	.04
@ORGANIZED OUTPATIENT CLINIC	7,667	23,838	\$	1,348,335.89	\$ 56.56	.343	\$ 175.86	\$ 19.41
CLINIC	2,248	14,515		268,603.61	18.51	.209	119.49	3.87

SURGICENTER	8	15	1,514.74	100.98	.000	189.34	.02
HEROIN DETOX CLINIC	5	58	718.97	12.40	.001	143.79	.01
RURAL HEALTH CLINIC	5,745	9,250	1,077,498.57	116.49	.133	187.55	15.51

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

PAGE 6,252 01/17/03

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
69,452 ELIGIBLES							
@ALL OTHER PROVIDERS	2,842	110,413	\$ 600,660.41	\$ 5.44	1.590	\$ 211.35	\$ 8.65
DURABLE MED. EQUIP.	155	1,101	67,784.12	61.57	.016	437.32	.98
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	50	98	11,323.90	115.55	.001	226.48	.16
MEDICAL TRANSPORTATION	505	5,823	73,711.94	12.66	.084	145.96	1.06
AMBULANCES/AIR TRANS	247	2,845	42,426.20	14.91	.041	171.77	.61
OTHER TRANS	54	661	2,220.02	3.36	.010	41.11	.03
OTHER SERVICES	226	2,317	29,065.72	12.54	.033	128.61	.42
ACUPUNCTURE	48	110	2,011.21	18.28	.002	41.90	.03
ADULT DAY HEALTH CARE CTR	104	1,287	84,037.36	65.30	.019	808.05	1.21
GENETIC DISEASE TESTING	175	177	14,981.00	84.64	.003	85.61	.22
IHMC, MODEL-NF, NF, AIDS, MSSP	104	495	37,363.18	75.48	.007	359.26	.54
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	523	1,489	19,105.50	12.83	.021	36.53	.28
PHYSICAL THERAPIST	3	8	158.88	19.86	.000	52.96	.00
PORTABLE X-RAY	21	30	176.03	5.87	.000	8.38	.00
PROSTHETIST/ORTHOTISTS	65	178	21,524.31	120.92	.003	331.14	.31
PROSTHETICS	59	171	21,003.16	122.83	.002	355.99	.30
ORTHOTICS	6	7	521.15	74.45	.000	86.86	.01
PSYCHOLOGIST	38	47	279.49	5.95	.001	7.36	.00
SPEECH AND AUDIOLOGY	178	544	22,947.55	42.18	.008	128.92	.33
HOSPICE SERVICES	65	1,478	158,710.22	107.38	.021	2441.70	2.29
NONINST BIRTHING CENTERS	1	1	1,007.23	1007.23	.000	1007.23	.01
LOCAL EDUCATION AGENCIES	562	4,912	42,353.74	8.62	.071	75.36	.61
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	428	92,635	43,184.75	.47	1.334	100.90	.62
@CALIF. CHILDREN SERVICES*	243	2,374	\$ 587,695.88	\$ 247.56	.034	\$ 2418.50	\$ 8.46
@XOVER EXCLUDING STATE HOSP**	2,834	37,057	\$ 594,848.01	\$ 16.05	.534	\$ 209.90	\$ 8.56

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#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,253 01/17/03
	FEE-FOR-SERVICE/DENTAL	
	SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
3,464 ELIGIBLES							
@TOTAL, ALL PROVIDERS	1,232	11,437	\$ 320,798.18	\$ 28.05	3.302	\$ 260.39	\$ 92.61
@PHYSICIANS SERVICES	365	870	\$ 35,646.58	\$ 40.97	.251	\$ 97.66	\$ 10.29
OUTPATIENT VISITS	265	327	12,341.39	37.74	.094	46.57	3.56
OFFICE VISITS	165	199	6,390.43	32.11	.057	38.73	1.84
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	103	112	5,246.56	46.84	.032	50.94	1.51
PREVENTIVE CARE	1	1	37.39	37.39	.000	37.39	.01
OB VISITS/COMPRE PERI	2	2	272.66	136.33	.001	136.33	.08

OTHER OUTPATIENT	13	13		394.35	30.33	.004	30.33	.11
INPATIENT VISITS	15	66		4,342.88	65.80	.019	289.53	1.25
HOSPITAL VISITS	13	56		3,163.19	56.49	.016	243.32	.91
CRITICAL CARE	1	7		1,052.59	150.37	.002	1052.59	.30
SNF/ICF/TRANS IP CARE	2	3		127.10	42.37	.001	63.55	.04
OPHTHALMOLOGICAL SERVICES	11	16		590.42	36.90	.005	53.67	.17
EXAMINATIONS	11	16		590.42	36.90	.005	53.67	.17
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	10	68		6,134.05	90.21	.020	613.41	1.77
PRINCIPAL SURGEON	9	11		5,295.70	481.43	.003	588.41	1.53
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	57		838.35	14.71	.016	419.18	.24
OUTPATIENT SURGERY	36	107		6,890.73	64.40	.031	191.41	1.99
PRINCIPAL SURGEON	28	35		5,111.54	146.04	.010	182.56	1.48
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	72		1,779.19	24.71	.021	222.40	.51
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	24	28		255.01	9.11	.008	10.63	.07
RADIOLOGY	68	92		2,684.20	29.18	.027	39.47	.77
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2		32.31	16.16	.001	16.16	.01
OTHER SERVICES/ALL X-OVERS	45	164		2,375.59	14.49	.047	52.79	.69
@PHARMACY	528	6,648	\$	86,085.00	\$ 12.95	1.919	\$ 163.04	\$ 24.85
PRESCRIPTION DRUGS	510	1,020		79,928.96	78.36	.294	156.72	23.07
SNF/ICF	3	28		1,720.73	61.45	.008	573.58	.50
OUTPATIENTS	507	992		78,208.23	78.84	.286	154.26	22.58
MEDICAL SUPPLIES	41	5,628		6,156.04	1.09	1.625	150.15	1.78
@DENTIST	164	572	\$	15,983.00	\$ 27.94	.165	\$ 97.46	\$ 4.61
VISITS - DIAGNOSTIC	119	408		7,744.00	18.98	.118	65.08	2.24
ORAL SURGERY	16	49		2,137.00	43.61	.014	133.56	.62
DRUGS	1	1		.00	.00	.000	.00	.00
ANESTHESIA	2	2		200.00	100.00	.001	100.00	.06
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	3	3		472.00	157.33	.001	157.33	.14
RESTORATIVE DENTISTRY	42	94		4,000.00	42.55	.027	95.24	1.15
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		50.00	50.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	9	11		1,380.00	125.45	.003	153.33	.40
ALL OTHER SERVICES	3	3		.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 6,254
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82							

						----- MONTHLY AVERAGE -----			
3,464 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	19	44	\$	1,478.01	\$ 33.59	.013	\$ 77.79	\$	.43
DIAGNOSTIC AND ANC. PROCED	17	17		779.94	45.88	.005	45.88		.23
EYE APPLIANCES	11	26		629.17	24.20	.008	57.20		.18
OTHER OPTOMETRIC SERVICES	1	1		68.90	68.90	.000	68.90		.02
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$	.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$	.00

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	5	7	\$	345.10	\$ 49.30	.002	\$ 69.02	\$.10
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	246	1,110	\$	104,606.29	\$ 94.24	.320	\$ 425.23	\$ 30.20
HOSP INPATIENT TOTAL	15	46		68,841.76	1496.56	.013	4589.45	19.87
HSC HOSPITALS	13	40		59,664.06	1491.60	.012	4589.54	17.22
NON-HSC HOSPITAL TOTAL	2	6		9,177.70	1529.62	.002	4588.85	2.65
ACCOMMODATIONS	2	6		4,255.80	709.30	.002	2127.90	1.23
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	6		4,255.80	709.30	.002	2127.90	1.23
ANCILLARIES	2	0		4,921.90	.00	.000	2460.95	1.42
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	239	1,064		35,764.53	33.61	.307	149.64	10.32
MEDICAL	108	135		6,717.43	49.76	.039	62.20	1.94
SURGERY	15	16		886.84	55.43	.005	59.12	.26
PATHOLOGY	73	515		5,502.28	10.68	.149	75.37	1.59
RADIOLOGY	75	99		12,806.64	129.36	.029	170.76	3.70
ROOM USE	141	179		7,338.01	40.99	.052	52.04	2.12
CROSSOVERS/ALL OTH OUTPTNT	72	120		2,513.33	20.94	.035	34.91	.73
@COUNTY HOSPITAL TOTAL	4	20	\$	512.14	\$ 25.61	.006	\$ 128.04	\$.15
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	20	512.14	25.61	.006	128.04	.15
MEDICAL	3	3	95.30	31.77	.001	31.77	.03
SURGERY	2	2	68.18	34.09	.001	34.09	.02
PATHOLOGY	2	6	153.93	25.66	.002	76.97	.04
RADIOLOGY	1	1	16.59	16.59	.000	16.59	.00
ROOM USE	3	4	134.65	33.66	.001	44.88	.04
CROSSOVERS/ALL OTH OUTPTNT	3	4	43.49	10.87	.001	14.50	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,255
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

3,464 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	243	1,090	\$ 104,094.15	\$ 95.50	.315	\$ 428.37	\$ 30.05
COMM HOSP INPATIENT TOTAL	15	46	68,841.76	1496.56	.013	4589.45	19.87
HSC HOSPITALS	13	40	59,664.06	1491.60	.012	4589.54	17.22
NON-HSC HOSPITALS TOTAL	2	6	9,177.70	1529.62	.002	4588.85	2.65
ACCOMMODATIONS	2	6	4,255.80	709.30	.002	2127.90	1.23
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	6	4,255.80	709.30	.002	2127.90	1.23
ANCILLARIES	2	0	4,921.90	.00	.000	2460.95	1.42
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	236	1,044	35,252.39	33.77	.301	149.37	10.18
MEDICAL	105	132	6,622.13	50.17	.038	63.07	1.91
SURGERY	13	14	818.66	58.48	.004	62.97	.24
PATHOLOGY	71	509	5,348.35	10.51	.147	75.33	1.54
RADIOLOGY	74	98	12,790.05	130.51	.028	172.84	3.69
ROOM USE	138	175	7,203.36	41.16	.051	52.20	2.08
CROSSOVERS/ALL OTH OUTPTNT	70	116	2,469.84	21.29	.033	35.28	.71
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	24	319	\$ 4,503.63	\$ 14.12	.092	\$ 187.65	\$ 1.30
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	24	319		4,503.63		14.12	.092	187.65	1.30
@LABORATORY FACILITY	119	321	\$	6,164.80	\$	19.20	.093	\$ 51.81	\$ 1.78
PATHOLOGY	119	321		6,164.80		19.20	.093	51.81	1.78
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	292	850	\$	50,514.08	\$	59.43	.245	\$ 172.99	\$ 14.58
CLINIC	92	506		10,580.29		20.91	.146	115.00	3.05
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	1	12		166.09		13.84	.003	166.09	.05
RURAL HEALTH CLINIC	208	332		39,767.70		119.78	.096	191.19	11.48

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,256
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

							----- MONTHLY AVERAGE -----		
3,464 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	105	696	\$	15,471.69	\$ 22.23	.201	\$ 147.35	\$ 4.47	
DURABLE MED. EQUIP.	5	10		1,245.49	124.55	.003	249.10	.36	
BLOOD BANK	0	0		.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	9	106		1,464.98	13.82	.031	162.78	.42	
AMBULANCES/AIR TRANS	9	106		1,464.98	13.82	.031	162.78	.42	
OTHER TRANS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	5	5		475.00	95.00	.001	95.00	.14	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00	
OPTICIAN	22	54		520.51	9.64	.016	23.66	.15	
PHYSICAL THERAPIST	2	3		62.89	20.96	.001	31.45	.02	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	6	17		2,696.97	158.65	.005	449.50	.78	
PROSTHETICS	6	17		2,696.97	158.65	.005	449.50	.78	
ORTHOTICS	0	0		.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	7	28		5,734.51	204.80	.008	819.22	1.66	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	48	469		3,219.42	6.86	.135	67.07	.93	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	1	4		51.92	12.98	.001	51.92	.01	
@CALIF. CHILDREN SERVICES*	81	953	\$	87,285.06	\$ 91.59	.275	\$ 1077.59	\$ 25.20	
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,257
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 45 MIC - SOC AID CODE

							----- MONTHLY AVERAGE -----		
14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	32	133	\$	8,248.68	\$ 62.02	9.500	\$ 257.77	\$ 589.19	
@PHYSICIANS SERVICES	11	15	\$	641.75	\$ 42.78	1.071	\$ 58.34	\$ 45.84	

OUTPATIENT VISITS	7	8	464.25	58.03	.571	66.32	33.16
OFFICE VISITS	2	2	146.01	73.01	.143	73.01	10.43
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	6	284.97	47.50	.429	56.99	20.36
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	33.27	.00	.000	.00	2.38
INPATIENT VISITS	0	0	39.27	.00	.000	.00	2.81
HOSPITAL VISITS	0	0	39.27	.00	.000	.00	2.81
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2	97.91	48.96	.143	48.96	6.99
PRINCIPAL SURGEON	2	2	97.91	48.96	.143	48.96	6.99
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	4	5	40.32	8.06	.357	10.08	2.88
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	2	5	\$ 43.87	\$ 8.77	.357	\$ 21.94	\$ 3.13
PRESCRIPTION DRUGS	2	5	43.87	8.77	.357	21.94	3.13
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	2	5	43.87	8.77	.357	21.94	3.13
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	10	37	\$ 630.00	\$ 17.03	2.643	\$ 63.00	\$ 45.00
VISITS - DIAGNOSTIC	8	26	.00	.00	1.857	.00	.00
ORAL SURGERY	1	4	530.00	132.50	.286	530.00	37.86
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.071	100.00	7.14
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	6	.00	.00	.429	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,258
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 45 MIC - SOC AID CODE

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	7	29	\$ 4,907.86	\$ 169.24	2.071	\$ 701.12	\$ 350.56
HOSP INPATIENT TOTAL	2	7	4,081.00	583.00	.500	2040.50	291.50
HSC HOSPITALS	2	7	4,081.00	583.00	.500	2040.50	291.50
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5	22	826.86	37.58	1.571	165.37	59.06
MEDICAL	2	3	52.38	17.46	.214	26.19	3.74
SURGERY	2	2	105.51	52.76	.143	52.76	7.54
PATHOLOGY	2	3	167.25	55.75	.214	83.63	11.95
RADIOLOGY	3	3	48.81	16.27	.214	16.27	3.49
ROOM USE	3	8	401.52	50.19	.571	133.84	28.68
CROSSOVERS/ALL OTH OUTPTNT	1	3	51.39	17.13	.214	51.39	3.67
@COUNTY HOSPITAL TOTAL	0	0	\$ 26.19	\$.00	.000	\$.00	\$ 1.87
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	26.19	.00	.000	.00	1.87
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	24.14	.00	.000	.00	1.72
CROSSOVERS/ALL OTH OUTPTNT	0	0	2.05	.00	.000	.00	.15

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,259
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 45 MIC - SOC AID CODE

----- MONTHLY AVERAGE -----
14 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	29	\$	4,881.67	\$ 168.33	2.071	\$ 697.38	\$ 348.69
COMM HOSP INPATIENT TOTAL	2	7		4,081.00	583.00	.500	2040.50	291.50
HSC HOSPITALS	2	7		4,081.00	583.00	.500	2040.50	291.50
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	22		800.67	36.39	1.571	160.13	57.19
MEDICAL	2	3		52.38	17.46	.214	26.19	3.74
SURGERY	2	2		105.51	52.76	.143	52.76	7.54
PATHOLOGY	2	3		167.25	55.75	.214	83.63	11.95
RADIOLOGY	3	3		48.81	16.27	.214	16.27	3.49
ROOM USE	3	8		377.38	47.17	.571	125.79	26.96
CROSSOVERS/ALL OTH OUTPTNT	1	3		49.34	16.45	.214	49.34	3.52
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	2	7	\$	63.52	\$	9.07	.500	\$ 31.76	\$ 4.54
PATHOLOGY	2	7		63.52		9.07	.500	31.76	4.54
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6	14	\$	1,661.98	\$	118.71	1.000	\$ 277.00	\$ 118.71
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	6	14		1,661.98		118.71	1.000	277.00	118.71

#CALIF DEPT OF HEALTH SERV MOP024
MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 45 MIC - SOC

PAGE 6,260
01/17/03

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	26	\$ 299.70	\$ 11.53	1.857	\$ 149.85	\$ 21.41
DURABLE MED. EQUIP.	1	1	96.30	96.30	.071	96.30	6.88
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	25	203.40	8.14	1.786	203.40	14.53
AMBULANCES/AIR TRANS	1	25	203.40	8.14	1.786	203.40	14.53
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	10	\$ 567.67	\$ 56.77	.714	\$ 567.67	\$ 40.55
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MARIN COUNTY

SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

3,478 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,264	11,570	\$ 329,046.86	\$ 28.44	3.327	\$ 260.32	\$ 94.61
@PHYSICIANS SERVICES	376	885	\$ 36,288.33	\$ 41.00	.254	\$ 96.51	\$ 10.43
OUTPATIENT VISITS	272	335	12,805.64	38.23	.096	47.08	3.68
OFFICE VISITS	167	201	6,536.44	32.52	.058	39.14	1.88
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	108	118	5,531.53	46.88	.034	51.22	1.59
PREVENTIVE CARE	1	1	37.39	37.39	.000	37.39	.01
OB VISITS/COMPRE PERI	2	2	272.66	136.33	.001	136.33	.08
OTHER OUTPATIENT	13	13	427.62	32.89	.004	32.89	.12
INPATIENT VISITS	15	66	4,382.15	66.40	.019	292.14	1.26
HOSPITAL VISITS	13	56	3,202.46	57.19	.016	246.34	.92
CRITICAL CARE	1	7	1,052.59	150.37	.002	1052.59	.30
SNF/ICF/TRANS IP CARE	2	3	127.10	42.37	.001	63.55	.04
OPHTHALMOLOGICAL SERVICES	11	16	590.42	36.90	.005	53.67	.17
EXAMINATIONS	11	16	590.42	36.90	.005	53.67	.17
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	10	68	6,134.05	90.21	.020	613.41	1.76
PRINCIPAL SURGEON	9	11	5,295.70	481.43	.003	588.41	1.52
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	57	838.35	14.71	.016	419.18	.24
OUTPATIENT SURGERY	38	109	6,988.64	64.12	.031	183.91	2.01
PRINCIPAL SURGEON	30	37	5,209.45	140.80	.011	173.65	1.50
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	72	1,779.19	24.71	.021	222.40	.51
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	24	28	255.01	9.11	.008	10.63	.07
RADIOLOGY	72	97	2,724.52	28.09	.028	37.84	.78
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2	32.31	16.16	.001	16.16	.01
OTHER SERVICES/ALL X-OVERS	45	164	2,375.59	14.49	.047	52.79	.68
@PHARMACY	530	6,653	\$ 86,128.87	\$ 12.95	1.913	\$ 162.51	\$ 24.76
PRESCRIPTION DRUGS	512	1,025	79,972.83	78.02	.295	156.20	22.99
SNF/ICF	3	28	1,720.73	61.45	.008	573.58	.49
OUTPATIENTS	509	997	78,252.10	78.49	.287	153.74	22.50
MEDICAL SUPPLIES	41	5,628	6,156.04	1.09	1.618	150.15	1.77
@DENTIST	174	609	\$ 16,613.00	\$ 27.28	.175	\$ 95.48	\$ 4.78
VISITS - DIAGNOSTIC	127	434	7,744.00	17.84	.125	60.98	2.23
ORAL SURGERY	17	53	2,667.00	50.32	.015	156.88	.77
DRUGS	1	1	.00	.00	.000	.00	.00
ANESTHESIA	3	3	300.00	100.00	.001	100.00	.09
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	3	3	472.00	157.33	.001	157.33	.14
RESTORATIVE DENTISTRY	44	100	4,000.00	40.00	.029	90.91	1.15
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	50.00	50.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	9	11	1,380.00	125.45	.003	153.33	.40
ALL OTHER SERVICES	3	3	.00	.00	.001	.00	.00

MARIN COUNTY

SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

3,478 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	19	44	\$ 1,478.01	\$ 33.59	.013	\$ 77.79	\$.42
DIAGNOSTIC AND ANC. PROCED	17	17	779.94	45.88	.005	45.88	.22
EYE APPLIANCES	11	26	629.17	24.20	.007	57.20	.18
OTHER OPTOMETRIC SERVICES	1	1	68.90	68.90	.000	68.90	.02
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	5	7	\$ 345.10	\$ 49.30	.002	\$ 69.02	\$.10
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	253	1,139	\$ 109,514.15	\$ 96.15	.327	\$ 432.86	\$ 31.49
HOSP INPATIENT TOTAL	17	53	72,922.76	1375.90	.015	4289.57	20.97
HSC HOSPITALS	15	47	63,745.06	1356.28	.014	4249.67	18.33
NON-HSC HOSPITAL TOTAL	2	6	9,177.70	1529.62	.002	4588.85	2.64
ACCOMMODATIONS	2	6	4,255.80	709.30	.002	2127.90	1.22
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	6	4,255.80	709.30	.002	2127.90	1.22
ANCILLARIES	2	0	4,921.90	.00	.000	2460.95	1.42
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	244	1,086	36,591.39	33.69	.312	149.96	10.52
MEDICAL	110	138	6,769.81	49.06	.040	61.54	1.95
SURGERY	17	18	992.35	55.13	.005	58.37	.29
PATHOLOGY	75	518	5,669.53	10.95	.149	75.59	1.63
RADIOLOGY	78	102	12,855.45	126.03	.029	164.81	3.70
ROOM USE	144	187	7,739.53	41.39	.054	53.75	2.23
CROSSOVERS/ALL OTH OUTPTNT	73	123	2,564.72	20.85	.035	35.13	.74
@COUNTY HOSPITAL TOTAL	4	20	\$ 538.33	\$ 26.92	.006	\$ 134.58	\$.15
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	20	538.33	26.92	.006	134.58	.15
MEDICAL	3	3	95.30	31.77	.001	31.77	.03
SURGERY	2	2	68.18	34.09	.001	34.09	.02
PATHOLOGY	2	6	153.93	25.66	.002	76.97	.04
RADIOLOGY	1	1	16.59	16.59	.000	16.59	.00
ROOM USE	3	4	158.79	39.70	.001	52.93	.05

3,478 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	250	1,119	\$ 108,975.82	\$ 97.39	.322	\$ 435.90	\$ 31.33
COMM HOSP INPATIENT TOTAL	17	53	72,922.76	1375.90	.015	4289.57	20.97
HSC HOSPITALS	15	47	63,745.06	1356.28	.014	4249.67	18.33
NON-HSC HOSPITALS TOTAL	2	6	9,177.70	1529.62	.002	4588.85	2.64
ACCOMMODATIONS	2	6	4,255.80	709.30	.002	2127.90	1.22
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	6	4,255.80	709.30	.002	2127.90	1.22
ANCILLARIES	2	0	4,921.90	.00	.000	2460.95	1.42
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	241	1,066	36,053.06	33.82	.306	149.60	10.37
MEDICAL	107	135	6,674.51	49.44	.039	62.38	1.92
SURGERY	15	16	924.17	57.76	.005	61.61	.27
PATHOLOGY	73	512	5,515.60	10.77	.147	75.56	1.59
RADIOLOGY	77	101	12,838.86	127.12	.029	166.74	3.69
ROOM USE	141	183	7,580.74	41.42	.053	53.76	2.18
CROSSOVERS/ALL OTH OUTPTNT	71	119	2,519.18	21.17	.034	35.48	.72
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	24	319	\$ 4,503.63	\$ 14.12	.092	\$ 187.65	\$ 1.29
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	24	319	4,503.63	14.12	.092	187.65	1.29
@LABORATORY FACILITY	121	328	\$ 6,228.32	\$ 18.99	.094	\$ 51.47	\$ 1.79
PATHOLOGY	121	328	6,228.32	18.99	.094	51.47	1.79
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	298	864	\$ 52,176.06	\$ 60.39	.248	\$ 175.09	\$ 15.00
CLINIC	92	506	10,580.29	20.91	.145	115.00	3.04
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	1	12	166.09	13.84	.003	166.09	.05
RURAL HEALTH CLINIC	214	346	41,429.68	119.74	.099	193.60	11.91
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,264
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN						

3,478 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	107	722	\$ 15,771.39	\$ 21.84	.208	\$ 147.40	\$ 4.53
DURABLE MED. EQUIP.	6	11	1,341.79	121.98	.003	223.63	.39
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	10	131	1,668.38	12.74	.038	166.84	.48
AMBULANCES/AIR TRANS	10	131	1,668.38	12.74	.038	166.84	.48
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	5	5	475.00	95.00	.001	95.00	.14
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	22	54	520.51	9.64	.016	23.66	.15
PHYSICAL THERAPIST	2	3	62.89	20.96	.001	31.45	.02
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	17	2,696.97	158.65	.005	449.50	.78
PROSTHETICS	6	17	2,696.97	158.65	.005	449.50	.78
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	28	5,734.51	204.80	.008	819.22	1.65
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	48	469	3,219.42	6.86	.135	67.07	.93
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	4	51.92	12.98	.001	51.92	.01
@CALIF. CHILDREN SERVICES*	82	963	\$ 87,852.73	\$ 91.23	.277	\$ 1071.37	\$ 25.26

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MARI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,265
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MARIN COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,266
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,267
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,268
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,269
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	14	52	\$ 1,527.96	\$ 29.38	6.500	\$ 109.14	\$ 191.00
@PHYSICIANS SERVICES	7	28	\$ 772.93	\$ 27.60	3.500	\$ 110.42	\$ 96.62
OUTPATIENT VISITS	2	2	112.95	56.48	.250	56.48	14.12
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	112.95	56.48	.250	56.48	14.12
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	21	466.08	22.19	2.625	466.08	58.26
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	21	466.08	22.19	2.625	466.08	58.26
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	4	4	173.06	43.27	.500	43.27	21.63
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	20.84	20.84	.125	20.84	2.61
@PHARMACY	1	1	\$ 107.00	\$ 107.00	.125	\$ 107.00	\$ 13.38
PRESCRIPTION DRUGS	1	1	107.00	107.00	.125	107.00	13.38
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	1	107.00	107.00	.125	107.00	13.38
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	2	4	\$ 55.00	\$ 13.75	.500	\$ 27.50	\$ 6.88
VISITS - DIAGNOSTIC	2	4	55.00	13.75	.500	27.50	6.88
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,270
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	1	\$ 30.13	\$ 30.13	.125	\$ 30.13	\$ 3.77
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	10	\$ 380.65	\$ 38.07	1.250	\$ 126.88	\$ 47.58
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	10	380.65	38.07	1.250	126.88	47.58
MEDICAL	1	1	45.02	45.02	.125	45.02	5.63
SURGERY	0	0	6.84	.00	.000	.00	.86
PATHOLOGY	2	3	49.70	16.57	.375	24.85	6.21
RADIOLOGY	1	2	121.58	60.79	.250	121.58	15.20
ROOM USE	1	1	109.73	109.73	.125	109.73	13.72
CROSSOVERS/ALL OTH OUTPTNT	1	3	47.78	15.93	.375	47.78	5.97
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,271
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT						
				AID CODE			
					----- MONTHLY AVERAGE -----		
08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	10	\$ 380.65	\$ 38.07	1.250	\$ 126.88	\$ 47.58
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	10	380.65	38.07	1.250	126.88	47.58
MEDICAL	1	1	45.02	45.02	.125	45.02	5.63
SURGERY	0	0	6.84	.00	.000	.00	.86
PATHOLOGY	2	3	49.70	16.57	.375	24.85	6.21
RADIOLOGY	1	2	121.58	60.79	.250	121.58	15.20
ROOM USE	1	1	109.73	109.73	.125	109.73	13.72
CROSSOVERS/ALL OTH OUTPTNT	1	3	47.78	15.93	.375	47.78	5.97
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00		.000		.00		.00
@LABORATORY FACILITY	3	6	\$	42.71	\$	7.12		.750	\$	14.24	\$	5.34
PATHOLOGY	3	6		42.71		7.12		.750		14.24		5.34
XO AND OTHERS	0	0		.00		.00		.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	34.54	\$	34.54		.125	\$	34.54	\$	4.32
CLINIC	1	1		24.26		24.26		.125		24.26		3.03
SURGICENTER	0	0		.00		.00		.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00		.000		.00		.00
RURAL HEALTH CLINIC	0	0		10.28		.00		.000		.00		1.29

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,272
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$ 105.00	\$ 105.00	.125	\$ 105.00	\$ 13.13
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.125	105.00	13.13
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,273
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC	

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	14	52	\$ 1,527.96	\$ 29.38	6.500	\$ 109.14	\$ 191.00
@PHYSICIANS SERVICES	7	28	\$ 772.93	\$ 27.60	3.500	\$ 110.42	\$ 96.62

OUTPATIENT VISITS	2	2	112.95	56.48	.250	56.48	14.12
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	112.95	56.48	.250	56.48	14.12
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	21	466.08	22.19	2.625	466.08	58.26
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	21	466.08	22.19	2.625	466.08	58.26
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	4	4	173.06	43.27	.500	43.27	21.63
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	20.84	20.84	.125	20.84	2.61
@PHARMACY	1	1	\$ 107.00	\$ 107.00	.125	\$ 107.00	\$ 13.38
PRESCRIPTION DRUGS	1	1	107.00	107.00	.125	107.00	13.38
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	1	107.00	107.00	.125	107.00	13.38
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	2	4	\$ 55.00	\$ 13.75	.500	\$ 27.50	\$ 6.88
VISITS - DIAGNOSTIC	2	4	55.00	13.75	.500	27.50	6.88
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,274
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0		.00		.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	1	1	\$	30.13	\$	30.13	.125	\$ 30.13	\$ 3.77
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	10	\$	380.65	\$	38.07	1.250	\$ 126.88	\$ 47.58
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	10		380.65		38.07	1.250	126.88	47.58
MEDICAL	1	1		45.02		45.02	.125	45.02	5.63
SURGERY	0	0		6.84		.00	.000	.00	.86
PATHOLOGY	2	3		49.70		16.57	.375	24.85	6.21
RADIOLOGY	1	2		121.58		60.79	.250	121.58	15.20
ROOM USE	1	1		109.73		109.73	.125	109.73	13.72

CROSSEVER/ALL OTH OUTPTNT	1	3	47.78	15.93	.375	47.78	5.97
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEVER	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEVER/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,275
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	10	\$ 380.65	\$ 38.07	1.250	\$ 126.88	\$ 47.58
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEVER	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	10	380.65	38.07	1.250	126.88	47.58
MEDICAL	1	1	45.02	45.02	.125	45.02	5.63
SURGERY	0	0	6.84	.00	.000	.00	.86
PATHOLOGY	2	3	49.70	16.57	.375	24.85	6.21
RADIOLOGY	1	2	121.58	60.79	.250	121.58	15.20
ROOM USE	1	1	109.73	109.73	.125	109.73	13.72
CROSSEVER/ALL OTH OUTPTNT	1	3	47.78	15.93	.375	47.78	5.97
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	3	6	\$	42.71	\$	7.12	.750	\$ 14.24	\$ 5.34
PATHOLOGY	3	6		42.71		7.12	.750	14.24	5.34
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	34.54	\$	34.54	.125	\$ 34.54	\$ 4.32
CLINIC	1	1		24.26		24.26	.125	24.26	3.03
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		10.28		.00	.000	.00	1.29

#CALIF DEPT OF HEALTH SERV MOP024
MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

PAGE 6,276
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08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$ 105.00	\$ 105.00	.125	\$ 105.00	\$ 13.13
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.125	105.00	13.13
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MARIN COUNTY

SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC

AID CODE

43 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	78	1,570	\$ 173,418.41	\$ 110.46	36.512	\$ 2223.31	\$ 4032.99
@PHYSICIANS SERVICES	33	126	\$ 8,222.59	\$ 65.26	2.930	\$ 249.17	\$ 191.22
OUTPATIENT VISITS	18	23	1,685.20	73.27	.535	93.62	39.19
OFFICE VISITS	6	7	364.10	52.01	.163	60.68	8.47
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	13	16	1,316.44	82.28	.372	101.26	30.61
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	4.66	.00	.000	.00	.11
INPATIENT VISITS	15	39	1,676.96	43.00	.907	111.80	39.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	15	39	1,676.96	43.00	.907	111.80	39.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	5	817.64	163.53	.116	817.64	19.01
PRINCIPAL SURGEON	1	5	817.64	163.53	.116	817.64	19.01
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	4	23.29	5.82	.093	23.29	.54
RADIOLOGY	13	46	3,218.06	69.96	1.070	247.54	74.84
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	8	9	801.44	89.05	.209	100.18	18.64
@PHARMACY	41	278	\$ 21,614.66	\$ 77.75	6.465	\$ 527.19	\$ 502.67
PRESCRIPTION DRUGS	41	270	21,530.78	79.74	6.279	525.14	500.72
SNF/ICF	36	244	19,960.52	81.81	5.674	554.46	464.20
OUTPATIENTS	7	26	1,570.26	60.39	.605	224.32	36.52
MEDICAL SUPPLIES	5	8	83.88	10.49	.186	16.78	1.95
@DENTIST	1	1	\$ 25.00	\$ 25.00	.023	\$ 25.00	\$.58
VISITS - DIAGNOSTIC	1	1	25.00	25.00	.023	25.00	.58
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

MARIN COUNTY

SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC

AID CODE

43 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	2	5	\$ 311.51	\$ 62.30	.116	\$ 155.76	\$ 7.24	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	19	103	\$ 3,397.96	\$ 32.99	2.395	\$ 178.84	\$ 79.02	
HOSP INPATIENT TOTAL	0	0	31.29CR	.00	.000	.00	.73CR	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	31.29CR	.00	.000	.00	.73CR	
ACCOMMODATIONS	0	0	31.29CR	.00	.000	.00	.73CR	
ADMINISTRATIVE DAYS	0	0	31.29CR	.00	.000	.00	.73CR	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	19	103	3,429.25	33.29	2.395	180.49	79.75	
MEDICAL	8	7	214.30	30.61	.163	26.79	4.98	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	10	46	552.84	12.02	1.070	55.28	12.86	
RADIOLOGY	5	40	2,431.77	60.79	.930	486.35	56.55	
ROOM USE	3	2	116.61	58.31	.047	38.87	2.71	
CROSSOVERS/ALL OTH OUTPTNT	4	8	113.73	14.22	.186	28.43	2.64	
@COUNTY HOSPITAL TOTAL	5	21	\$ 327.13	\$ 15.58	.488	\$ 65.43	\$ 7.61	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	5	21	327.13	15.58	.488	65.43	7.61	
MEDICAL	2	3	61.26	20.42	.070	30.63	1.42	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	2	14	179.34	12.81	.326	89.67	4.17	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	1	1	33.42	33.42	.023	33.42	.78	

					AID CODE		
						----- MONTHLY AVERAGE -----	
43 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	82	\$ 3,070.83	\$ 37.45	1.907	\$ 219.35	\$ 71.41
COMM HOSP INPATIENT TOTAL	0	0	31.29CR	.00	.000	.00	.73CR
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	31.29CR	.00	.000	.00	.73CR
ACCOMMODATIONS	0	0	31.29CR	.00	.000	.00	.73CR
ADMINISTRATIVE DAYS	0	0	31.29CR	.00	.000	.00	.73CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSTOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	14	82	3,102.12	37.83	1.907	221.58	72.14
MEDICAL	6	4	153.04	38.26	.093	25.51	3.56
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	8	32	373.50	11.67	.744	46.69	8.69
RADIOLOGY	5	40	2,431.77	60.79	.930	486.35	56.55
ROOM USE	2	1	83.19	83.19	.023	41.60	1.93
CROSSTOVERS/ALL OTH OUTPTNT	3	5	60.62	12.12	.116	20.21	1.41
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	19	580	\$ 115,030.42	\$ 198.33	13.488	\$ 6054.23	\$ 2675.13
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	2	78	9,432.54	120.93	1.814	4716.27	219.36
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	3	101		55,868.15	553.15	2.349	18622.72	1299.26
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	14	401		49,729.73	124.01	9.326	3552.12	1156.51
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	3	\$	118.13	\$ 39.38	.070	\$ 59.07	\$ 2.75
HOSPITAL BASED	2	3		118.13	39.38	.070	59.07	2.75
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	6	8	\$	216.75CR	\$ 27.09CR	.186	\$ 36.13CR	\$ 5.04CR
PATHOLOGY	6	8		216.75CR	27.09CR	.186	36.13CR	5.04CR
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	7	11	\$	1,578.78	\$ 143.53	.256	\$ 225.54	\$ 36.72
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7	11		1,578.78	143.53	.256	225.54	36.72
#CALIF DEPT OF HEALTH SERV								
MOP024								
MARIN COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC

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43 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	23	455	\$ 23,336.11	\$ 51.29	10.581	\$ 1014.61	\$ 542.70	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	17	301	5,316.98	17.66	7.000	312.76	123.65	
AMBULANCES/AIR TRANS	14	179	2,958.77	16.53	4.163	211.34	68.81	
OTHER TRANS	4	121	558.21	4.61	2.814	139.55	12.98	
OTHER SERVICES	1	1	1,800.00	1800.00	.023	1800.00	41.86	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	1	2	30.64	15.32	.047	30.64	.71	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	
HOSPICE SERVICES	7	152	17,988.49	118.35	3.535	2569.78	418.34	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00	

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MARI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,281
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MARIN COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT

AID CODE

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2	2	\$ 606.40	\$ 303.20	1.000	\$ 303.20	\$ 303.20
@PHYSICIANS SERVICES	2	2	\$ 596.12	\$ 298.06	1.000	\$ 298.06	\$ 298.06
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	544.28	544.28	.500	544.28	272.14
PRINCIPAL SURGEON	1	1	544.28	544.28	.500	544.28	272.14
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	51.84	51.84	.500	51.84	25.92
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,282
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,283
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT						AID CODE
					----- MONTHLY AVERAGE -----		
02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ 10.28	\$.00	.000	\$.00	\$ 5.14
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	10.28	.00	.000	.00	5.14

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,284
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

MARIN COUNTY

SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	80	1,572	\$ 174,024.81	\$ 110.70	34.933	\$ 2175.31	\$ 3867.22
@PHYSICIANS SERVICES	35	128	\$ 8,818.71	\$ 68.90	2.844	\$ 251.96	\$ 195.97
OUTPATIENT VISITS	18	23	1,685.20	73.27	.511	93.62	37.45
OFFICE VISITS	6	7	364.10	52.01	.156	60.68	8.09
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	13	16	1,316.44	82.28	.356	101.26	29.25
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	4.66	.00	.000	.00	.10
INPATIENT VISITS	15	39	1,676.96	43.00	.867	111.80	37.27
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	15	39	1,676.96	43.00	.867	111.80	37.27
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	544.28	544.28	.022	544.28	12.10
PRINCIPAL SURGEON	1	1	544.28	544.28	.022	544.28	12.10
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	5	817.64	163.53	.111	817.64	18.17
PRINCIPAL SURGEON	1	5	817.64	163.53	.111	817.64	18.17
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	4	23.29	5.82	.089	23.29	.52
RADIOLOGY	14	47	3,269.90	69.57	1.044	233.56	72.66
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	8	9	801.44	89.05	.200	100.18	17.81
@PHARMACY	41	278	\$ 21,614.66	\$ 77.75	6.178	\$ 527.19	\$ 480.33
PRESCRIPTION DRUGS	41	270	21,530.78	79.74	6.000	525.14	478.46
SNF/ICF	36	244	19,960.52	81.81	5.422	554.46	443.57
OUTPATIENTS	7	26	1,570.26	60.39	.578	224.32	34.89
MEDICAL SUPPLIES	5	8	83.88	10.49	.178	16.78	1.86
@DENTIST	1	1	\$ 25.00	\$ 25.00	.022	\$ 25.00	\$.56
VISITS - DIAGNOSTIC	1	1	25.00	25.00	.022	25.00	.56
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,286
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	5	\$ 311.51	\$ 62.30	.111	\$ 155.76	\$ 6.92
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	19	103	\$ 3,397.96	\$ 32.99	2.289	\$ 178.84	\$ 75.51
HOSP INPATIENT TOTAL	0	0	31.29CR	.00	.000	.00	.70CR
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	31.29CR	.00	.000	.00	.70CR
ACCOMMODATIONS	0	0	31.29CR	.00	.000	.00	.70CR
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.70CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	19	103	3,429.25	33.29	2.289	180.49	76.21
MEDICAL	8	7	214.30	30.61	.156	26.79	4.76
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	10	46	552.84	12.02	1.022	55.28	12.29
RADIOLOGY	5	40	2,431.77	60.79	.889	486.35	54.04
ROOM USE	3	2	116.61	58.31	.044	38.87	2.59
CROSSOVERS/ALL OTH OUTPTNT	4	8	113.73	14.22	.178	28.43	2.53
@COUNTY HOSPITAL TOTAL	5	21	\$ 327.13	\$ 15.58	.467	\$ 65.43	\$ 7.27
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	21	327.13	15.58	.467	65.43	7.27
MEDICAL	2	3	61.26	20.42	.067	30.63	1.36
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	14	179.34	12.81	.311	89.67	3.99
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	33.42	33.42	.022	33.42	.74
CROSSOVERS/ALL OTH OUTPTNT	1	3	53.11	17.70	.067	53.11	1.18

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,287
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	82	\$ 3,070.83	\$ 37.45	1.822 \$ 219.35 \$ 68.24
COMM HOSP INPATIENT TOTAL	0	0	31.29CR	.00	.000 .00 .70CR
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITALS TOTAL	0	0	31.29CR	.00	.000 .00 .70CR
ACCOMMODATIONS	0	0	31.29CR	.00	.000 .00 .70CR
ADMINISTRATIVE DAYS	0	0	31.29CR	.00	.000 .00 .70CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00 .00
ANCILLARIES	0	0	.00	.00	.000 .00 .00
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	14	82	3,102.12	37.83	1.822 221.58 68.94
MEDICAL	6	4	153.04	38.26	.089 25.51 3.40
SURGERY	0	0	.00	.00	.000 .00 .00
PATHOLOGY	8	32	373.50	11.67	.711 46.69 8.30
RADIOLOGY	5	40	2,431.77	60.79	.889 486.35 54.04
ROOM USE	2	1	83.19	83.19	.022 41.60 1.85
CROSSOVERS/ALL OTH OUTPTNT	3	5	60.62	12.12	.111 20.21 1.35
@STATE HOSPITAL	0	0	.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000 .00 .00
DEVELOP. DISABLED	0	0	.00	.00	.000 .00 .00
@NURSING FACILITY	19	580	\$ 115,030.42	\$ 198.33	12.889 \$ 6054.23 \$ 2556.23
LEV A-INTERMEDIATE	0	0	.00	.00	.000 .00 .00
LEV B-REHAB MD	2	78	9,432.54	120.93	1.733 4716.27 209.61
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE HSPTL BASED	3	101	55,868.15	553.15	2.244 18622.72 1241.51
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
LEV B-REGULAR	14	401	49,729.73	124.01	8.911 3552.12 1105.11
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	\$.00	.000 \$.00 \$.00
ICF DDH	0	0	.00	.00	.000 .00 .00
ICF DD	0	0	.00	.00	.000 .00 .00
ICF DDN/DDCN	0	0	.00	.00	.000 .00 .00
@HEMODIALYSIS TOTAL	0	0	.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00
HEMODIALYSIS CENTER	0	0	.00	.00	.000 .00 .00
@REHABILITATION FACILITY	2	3	\$ 118.13	\$ 39.38	.067 \$ 59.07 \$ 2.63
HOSPITAL BASED	2	3	118.13	39.38	.067 59.07 2.63

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	6	8	\$	216.75CR	\$ 27.09CR	.178	\$ 36.13CR	4.82CR
PATHOLOGY	6	8		216.75CR	27.09CR	.178	36.13CR	4.82CR
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	7	11	\$	1,589.06	\$ 144.46	.244	\$ 227.01	\$ 35.31
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7	11		1,589.06	144.46	.244	227.01	35.31

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,288
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	23	455	\$ 23,336.11	\$ 51.29	10.111	\$ 1014.61	\$ 518.58
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	17	301	5,316.98	17.66	6.689	312.76	118.16
AMBULANCES/AIR TRANS	14	179	2,958.77	16.53	3.978	211.34	65.75
OTHER TRANS	4	121	558.21	4.61	2.689	139.55	12.40
OTHER SERVICES	1	1	1,800.00	1800.00	.022	1800.00	40.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	30.64	15.32	.044	30.64	.68
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	7	152	17,988.49	118.35	3.378	2569.78	399.74
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,289
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

PAGE 6,290
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,291
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,293
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MARIN COUNTY

SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

53 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	94	1,624	\$ 175,552.77	\$ 108.10	30.642	\$ 1867.58	\$ 3312.32
@PHYSICIANS SERVICES	42	156	\$ 9,591.64	\$ 61.48	2.943	\$ 228.37	\$ 180.97
OUTPATIENT VISITS	20	25	1,798.15	71.93	.472	89.91	33.93
OFFICE VISITS	6	7	364.10	52.01	.132	60.68	6.87
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	15	18	1,429.39	79.41	.340	95.29	26.97
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	4.66	.00	.000	.00	.09
INPATIENT VISITS	15	39	1,676.96	43.00	.736	111.80	31.64
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	15	39	1,676.96	43.00	.736	111.80	31.64
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	22	1,010.36	45.93	.415	505.18	19.06
PRINCIPAL SURGEON	1	1	544.28	544.28	.019	544.28	10.27
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	21	466.08	22.19	.396	466.08	8.79
OUTPATIENT SURGERY	1	5	817.64	163.53	.094	817.64	15.43
PRINCIPAL SURGEON	1	5	817.64	163.53	.094	817.64	15.43
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	4	23.29	5.82	.075	23.29	.44
RADIOLOGY	18	51	3,442.96	67.51	.962	191.28	64.96
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	9	10	822.28	82.23	.189	91.36	15.51
@PHARMACY	42	279	\$ 21,721.66	\$ 77.86	5.264	\$ 517.18	\$ 409.84
PRESCRIPTION DRUGS	42	271	21,637.78	79.84	5.113	515.19	408.26
SNF/ICF	36	244	19,960.52	81.81	4.604	554.46	376.61
OUTPATIENTS	8	27	1,677.26	62.12	.509	209.66	31.65
MEDICAL SUPPLIES	5	8	83.88	10.49	.151	16.78	1.58
@DENTIST	3	5	\$ 80.00	\$ 16.00	.094	\$ 26.67	\$ 1.51
VISITS - DIAGNOSTIC	3	5	80.00	16.00	.094	26.67	1.51
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

MARIN COUNTY

SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

53 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	3	6	\$ 341.64	\$ 56.94	.113		\$ 113.88	\$ 6.45
NURSE ANESTHESIST	0	0	.00	\$.00	.000		\$.00	\$.00
NURSE MIDWIFE	0	0	.00	\$.00	.000		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	\$.00	.000		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	.00	\$.00	.000		\$.00	\$.00
@TOTAL HOSPITAL	22	113	\$ 3,778.61	\$ 33.44	2.132		\$ 171.76	\$ 71.29
HOSP INPATIENT TOTAL	0	0	31.29CR	.00	.000		.00	.59CR
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	31.29CR	.00	.000		.00	.59CR
ACCOMMODATIONS	0	0	31.29CR	.00	.000		.00	.59CR
ADMINISTRATIVE DAYS	0	0	31.29CR	.00	.000		.00	.59CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00

HOSP OUTPATIENT TOTAL	22	113		3,809.90	33.72	2.132	173.18	71.88	
MEDICAL	9	8		259.32	32.42	.151	28.81	4.89	
SURGERY	0	0		6.84	.00	.000	.00	.13	
PATHOLOGY	12	49		602.54	12.30	.925	50.21	11.37	
RADIOLOGY	6	42		2,553.35	60.79	.792	425.56	48.18	
ROOM USE	4	3		226.34	75.45	.057	56.59	4.27	
CROSSOVERS/ALL OTH OUTPTNT	5	11		161.51	14.68	.208	32.30	3.05	
@COUNTY HOSPITAL TOTAL	5	21	\$	327.13	\$ 15.58	.396	\$ 65.43	\$ 6.17	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	5	21		327.13	15.58	.396	65.43	6.17	
MEDICAL	2	3		61.26	20.42	.057	30.63	1.16	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	2	14		179.34	12.81	.264	89.67	3.38	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	1	1		33.42	33.42	.019	33.42	.63	
CROSSOVERS/ALL OTH OUTPTNT	1	3		53.11	17.70	.057	53.11	1.00	
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MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS								

53 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	17	92	\$ 3,451.48	\$ 37.52	1.736	\$ 203.03	\$ 65.12	
COMM HOSP INPATIENT TOTAL	0	0	31.29CR	.00	.000	.00	.59CR	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	31.29CR	.00	.000	.00	.59CR	
ACCOMMODATIONS	0	0	31.29CR	.00	.000	.00	.59CR	
ADMINISTRATIVE DAYS	0	0	31.29CR	.00	.000	.00	.59CR	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	17	92	3,482.77	37.86	1.736	204.87	65.71	
MEDICAL	7	5	198.06	39.61	.094	28.29	3.74	
SURGERY	0	0	6.84	.00	.000	.00	.13	
PATHOLOGY	10	35	423.20	12.09	.660	42.32	7.98	
RADIOLOGY	6	42	2,553.35	60.79	.792	425.56	48.18	
ROOM USE	3	2	192.92	96.46	.038	64.31	3.64	
CROSSOVERS/ALL OTH OUTPTNT	4	8	108.40	13.55	.151	27.10	2.05	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	19	580	\$ 115,030.42	\$ 198.33	10.943	\$ 6054.23	\$ 2170.39	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	2	78	9,432.54	120.93	1.472	4716.27	177.97	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	3	101		55,868.15	553.15	1.906	18622.72	1054.12
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	14	401		49,729.73	124.01	7.566	3552.12	938.30
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	3	\$	118.13	\$ 39.38	.057	\$ 59.07	\$ 2.23
HOSPITAL BASED	2	3		118.13	39.38	.057	59.07	2.23
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	9	14	\$	174.04CR	\$ 12.43CR	.264	\$ 19.34CR	\$ 3.28CR
PATHOLOGY	9	14		174.04CR	12.43CR	.264	19.34CR	3.28CR
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	8	12	\$	1,623.60	\$ 135.30	.226	\$ 202.95	\$ 30.63
CLINIC	1	1		24.26	24.26	.019	24.26	.46
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7	11		1,599.34	145.39	.208	228.48	30.18
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 6,296
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS							

53 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	24	456	\$ 23,441.11	\$ 51.41	8.604	\$ 976.71	\$ 442.29	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	17	301	5,316.98	17.66	5.679	312.76	100.32	
AMBULANCES/AIR TRANS	14	179	2,958.77	16.53	3.377	211.34	55.83	
OTHER TRANS	4	121	558.21	4.61	2.283	139.55	10.53	
OTHER SERVICES	1	1	1,800.00	1800.00	.019	1800.00	33.96	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	1	1	105.00	105.00	.019	105.00	1.98	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	1	2	30.64	15.32	.038	30.64	.58	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	
HOSPICE SERVICES	7	152	17,988.49	118.35	2.868	2569.78	339.41	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00	

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,297
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 MARIN COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

	19,980 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	14,628	423,996	\$	18,459,504.84	\$ 43.54	21.221	\$ 1261.93	\$ 923.90
@PHYSICIANS SERVICES	2,383	6,720	\$	171,437.56	\$ 25.51	.336	\$ 71.94	\$ 8.58
OUTPATIENT VISITS	327	432		18,180.55	42.08	.022	55.60	.91
OFFICE VISITS	235	306		10,790.18	35.26	.015	45.92	.54
HOME VISITS	1	1		34.30	34.30	.000	34.30	.00
EMERGENCY ROOM	92	104		6,788.13	65.27	.005	73.78	.34
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	19	21		567.94	27.04	.001	29.89	.03
INPATIENT VISITS	68	419		19,388.61	46.27	.021	285.13	.97
HOSPITAL VISITS	63	394		17,293.71	43.89	.020	274.50	.87
CRITICAL CARE	3	13		1,580.80	121.60	.001	526.93	.08
SNF/ICF/TRANS IP CARE	7	12		514.10	42.84	.001	73.44	.03
OPHTHALMOLOGICAL SERVICES	32	37		1,837.07	49.65	.002	57.41	.09
EXAMINATIONS	32	37		1,837.07	49.65	.002	57.41	.09
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	39	218		21,855.96	100.26	.011	560.41	1.09
PRINCIPAL SURGEON	26	42		17,374.41	413.68	.002	668.25	.87
ASSISTANT SURGEON	3	3		781.09	260.36	.000	260.36	.04
ANESTHESIOLOGIST	14	173		3,700.46	21.39	.009	264.32	.19
OUTPATIENT SURGERY	57	193		19,069.51	98.81	.010	334.55	.95
PRINCIPAL SURGEON	42	59		16,834.21	285.33	.003	400.81	.84
ASSISTANT SURGEON	1	1		107.22	107.22	.000	107.22	.01
ANESTHESIOLOGIST	15	133		2,128.08	16.00	.007	141.87	.11
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	39	121		1,075.31	8.89	.006	27.57	.05
RADIOLOGY	188	355		14,194.99	39.99	.018	75.51	.71
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	9	17		114.87	6.76	.001	12.76	.01
OTHER SERVICES/ALL X-OVERS	1,941	4,928		75,720.69	15.37	.247	39.01	3.79
@PHARMACY	11,242	82,443	\$	2,686,351.99	\$ 32.58	4.126	\$ 238.96	\$ 134.45
PRESCRIPTION DRUGS	11,067	42,537		2,607,460.05	61.30	2.129	235.61	130.50
SNF/ICF	2,755	14,592		713,245.11	48.88	.730	258.89	35.70
OUTPATIENTS	8,387	27,945		1,894,214.94	67.78	1.399	225.85	94.81
MEDICAL SUPPLIES	831	39,906		78,891.94	1.98	1.997	94.94	3.95
@DENTIST	1,062	3,415	\$	166,802.70	\$ 48.84	.171	\$ 157.06	\$ 8.35
VISITS - DIAGNOSTIC	714	2,081		33,337.69	16.02	.104	46.69	1.67
ORAL SURGERY	127	264		11,079.50	41.97	.013	87.24	.55
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	35	35		5,625.00	160.71	.002	160.71	.28
ENDODONTICS	58	69		14,680.00	212.75	.003	253.10	.73
RESTORATIVE DENTISTRY	251	491		47,880.00	97.52	.025	190.76	2.40
PROSTHETICS	10	15		1,650.00	110.00	.001	165.00	.08
DENTURES, STAYPLATES	175	459		52,471.01	114.32	.023	299.83	2.63
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	1	79.50	79.50	.000	39.75	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

	19,980 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	94		248	\$ 5,776.95	\$ 23.29	.012	\$ 61.46	\$.29
DIAGNOSTIC AND ANC. PROCED	50		54	2,347.00	43.46	.003	46.94	.12
EYE APPLIANCES	59		185	3,150.49	17.03	.009	53.40	.16
OTHER OPTOMETRIC SERVICES	9		9	279.46	31.05	.000	31.05	.01
@CHIROPRACTOR	1		3	\$ 7.44	\$ 2.48	.000	\$ 7.44	\$.00
VISITS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	1		3	7.44	2.48	.000	7.44	.00
@PODIATRIST	414		612	\$ 4,005.40	\$ 6.54	.031	\$ 9.67	\$.20
MEDICINE/INJECTIONS	14		17	489.40	28.79	.001	34.96	.02
SURGERY/ANES.	2		2	20.00	10.00	.000	10.00	.00
RADIO./PATHOLOGY	1		2	34.60	17.30	.000	34.60	.00
OTHER	400		591	3,461.40	5.86	.030	8.65	.17
@HOME HEALTH AGENCY	31		229	\$ 16,092.38	\$ 70.27	.011	\$ 519.11	\$.81
NURSE ANESTHESIST	0		0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0		0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0		0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	6		16	\$ 122.92	\$ 7.68	.001	\$ 20.49	\$.01
@TOTAL HOSPITAL	1,562		7,585	\$ 833,251.43	\$ 109.86	.380	\$ 533.45	\$ 41.70
HOSP INPATIENT TOTAL	208		1,340	650,227.90	485.24	.067	3126.10	32.54
HSC HOSPITALS	90		398	486,559.85	1222.51	.020	5406.22	24.35
NON-HSC HOSPITAL TOTAL	10		35	31,225.92	892.17	.002	3122.59	1.56
ACCOMMODATIONS	10		35	10,987.65	313.93	.002	1098.77	.55
ADMINISTRATIVE DAYS	7		30	6,479.41	215.98	.002	925.63	.32
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3		5	4,508.24	901.65	.000	1502.75	.23
ANCILLARIES	10		0	20,238.27	.00	.000	2023.83	1.01
INPATIENT CROSSOVERS	115		907	132,442.13	146.02	.045	1151.67	6.63
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,423		6,245	183,023.53	29.31	.313	128.62	9.16
MEDICAL	165		274	10,722.72	39.13	.014	64.99	.54
SURGERY	34		45	2,889.82	64.22	.002	84.99	.14
PATHOLOGY	151		756	8,836.90	11.69	.038	58.52	.44
RADIOLOGY	151		232	19,479.96	83.97	.012	129.01	.97
ROOM USE	157		228	9,545.26	41.87	.011	60.80	.48
CROSSOVERS/ALL OTH OUTPTNT	1,148		4,710	131,548.87	27.93	.236	114.59	6.58
@COUNTY HOSPITAL TOTAL	6		19	\$ 2,662.57	\$ 140.14	.001	\$ 443.76	\$.13
CO HOSPITAL INPATIENT TOTAL	1		5	2,220.99	444.20	.000	2220.99	.11
HSC HOSPITALS	1		5	2,220.99	444.20	.000	2220.99	.11
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	5	14	441.58	31.54	.001	88.32	.02
MEDICAL	4	4	219.09	54.77	.000	54.77	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	3	27.05	9.02	.000	13.53	.00
RADIOLOGY	2	2	49.91	24.96	.000	24.96	.00
ROOM USE	4	4	135.72	33.93	.000	33.93	.01
CROSSEOVERS/ALL OTH OUTPTNT	1	1	9.81	9.81	.000	9.81	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

	19,980 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,558	7,566	\$	830,588.86	\$ 109.78	.379	\$ 533.11	\$ 41.57
COMM HOSP INPATIENT TOTAL	207	1,335		648,006.91	485.40	.067	3130.47	32.43
HSC HOSPITALS	89	393		484,338.86	1232.41	.020	5442.01	24.24
NON-HSC HOSPITALS TOTAL	10	35		31,225.92	892.17	.002	3122.59	1.56
ACCOMMODATIONS	10	35		10,987.65	313.93	.002	1098.77	.55
ADMINISTRATIVE DAYS	7	30		6,479.41	215.98	.002	925.63	.32
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	5		4,508.24	901.65	.000	1502.75	.23
ANCILLARIES	10	0		20,238.27	.00	.000	2023.83	1.01
INPATIENT CROSSEOVERS	115	907		132,442.13	146.02	.045	1151.67	6.63
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,420	6,231		182,581.95	29.30	.312	128.58	9.14
MEDICAL	162	270		10,503.63	38.90	.014	64.84	.53
SURGERY	34	45		2,889.82	64.22	.002	84.99	.14
PATHOLOGY	150	753		8,809.85	11.70	.038	58.73	.44
RADIOLOGY	149	230		19,430.05	84.48	.012	130.40	.97
ROOM USE	154	224		9,409.54	42.01	.011	61.10	.47
CROSSEOVERS/ALL OTH OUTPTNT	1,147	4,709		131,539.06	27.93	.236	114.68	6.58
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	3,833	128,770	\$ 13,406,626.01	\$ 104.11	6.445	\$ 3497.68	\$ 671.00
LEV A-INTERMEDIATE	2	131	5,154.40	39.35	.007	2577.20	.26
LEV B-REHAB MD	5	85	9,815.57	115.48	.004	1963.11	.49
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	4	106	58,633.90	553.15	.005	14658.48	2.93
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	3,825	128,448	13,333,022.14	103.80	6.429	3485.76	667.32
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	47	49	\$ 32,042.01	\$ 653.92	.002	\$ 681.74	\$ 1.60
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	47	49	32,042.01	653.92	.002	681.74	1.60
@REHABILITATION FACILITY	2	3	\$ 173.32	\$ 57.77	.000	\$ 86.66	\$.01
HOSPITAL BASED	2	3	173.32	57.77	.000	86.66	.01
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	262	1,929	\$ 15,726.56	\$ 8.15	.097	\$ 60.03	\$.79
PATHOLOGY	234	1,887	14,254.40	7.55	.094	60.92	.71
XO AND OTHERS	34	42	1,472.16	35.05	.002	43.30	.07
@ORGANIZED OUTPATIENT CLINIC	1,001	1,557	\$ 91,931.06	\$ 59.04	.078	\$ 91.84	\$ 4.60
CLINIC	29	52	1,777.15	34.18	.003	61.28	.09
SURGICENTER	14	17	3,064.10	180.24	.001	218.86	.15
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	968	1,488	87,089.81	58.53	.074	89.97	4.36

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 55 ALL AGED

PAGE 6,300

01/17/03

	19,980 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,652	190,417	\$ 1,029,157.11	\$ 5.40	9.530	\$ 388.07	\$ 51.51	
DURABLE MED. EQUIP.	103	709	47,846.76	67.48	.035	464.53	2.39	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	115	159	22,298.72	140.24	.008	193.90	1.12	
MEDICAL TRANSPORTATION	378	3,444	31,188.96	9.06	.172	82.51	1.56	
AMBULANCES/AIR TRANS	67	485	8,718.29	17.98	.024	130.12	.44	
OTHER TRANS	43	375	1,531.97	4.09	.019	35.63	.08	
OTHER SERVICES	278	2,584	20,938.70	8.10	.129	75.32	1.05	
ACUPUNCTURE	60	196	3,514.26	17.93	.010	58.57	.18	
ADULT DAY HEALTH CARE CTR	400	5,072	336,561.56	66.36	.254	841.40	16.84	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	814	4,226	303,021.28	71.70	.212	372.26	15.17	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	348	1,014	13,671.76	13.48	.051	39.29	.68	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	20	27	149.16	5.52	.001	7.46	.01	
PROSTHETIST/ORTHOTISTS	28	68	2,573.62	37.85	.003	91.92	.13	
PROSTHETICS	21	55	1,720.57	31.28	.003	81.93	.09	
ORTHOTICS	8	13	853.05	65.62	.001	106.63	.04	
PSYCHOLOGIST	25	32	237.55	7.42	.002	9.50	.01	
SPEECH AND AUDIOLOGY	75	188	9,008.75	47.92	.009	120.12	.45	
HOSPICE SERVICES	73	1,831	203,147.95	110.95	.092	2782.85	10.17	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	685	173,451	55,936.78	.32	8.681	81.66	2.80
@CALIF. CHILDREN SERVICES*	1	2CR	\$ 45.16	\$ 22.58CR	.000	\$ 45.16	\$.00
@XOVER EXCLUDING STATE HOSP**	3,886	56,894	\$ 629,112.97	\$ 11.06	2.848	\$ 161.89	\$ 31.49

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,301
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 56 ALL BLIND	

	1,087 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	739	51,113	\$	1,037,608.38	\$ 20.30	47.022	\$ 1404.07	\$ 954.56
@PHYSICIANS SERVICES	174	770	\$	24,424.10	\$ 31.72	.708	\$ 140.37	\$ 22.47
OUTPATIENT VISITS	50	70		2,694.14	38.49	.064	53.88	2.48
OFFICE VISITS	29	38		1,179.89	31.05	.035	40.69	1.09
HOME VISITS	5	6		186.70	31.12	.006	37.34	.17
EMERGENCY ROOM	20	23		1,261.88	54.86	.021	63.09	1.16
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3		65.67	21.89	.003	21.89	.06
INPATIENT VISITS	24	165		7,719.09	46.78	.152	321.63	7.10
HOSPITAL VISITS	15	128		5,434.67	42.46	.118	362.31	5.00
CRITICAL CARE	4	13		1,392.70	107.13	.012	348.18	1.28
SNF/ICF/TRANS IP CARE	13	24		891.72	37.16	.022	68.59	.82
OPHTHALMOLOGICAL SERVICES	8	10		416.14	41.61	.009	52.02	.38
EXAMINATIONS	8	10		416.14	41.61	.009	52.02	.38
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	71		1,974.30	27.81	.065	246.79	1.82
PRINCIPAL SURGEON	6	11		1,514.65	137.70	.010	252.44	1.39
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	60		459.65	7.66	.055	229.83	.42
OUTPATIENT SURGERY	3	7		597.88	85.41	.006	199.29	.55
PRINCIPAL SURGEON	2	4		492.52	123.13	.004	246.26	.45
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3		105.36	35.12	.003	105.36	.10
DIALYSIS	8	70		4,269.72	61.00	.064	533.72	3.93
PATHOLOGY	5	41		370.23	9.03	.038	74.05	.34
RADIOLOGY	21	70		1,708.24	24.40	.064	81.34	1.57
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		130.00	130.00	.001	130.00	.12
OTHER SERVICES/ALL X-OVERS	111	265		4,544.36	17.15	.244	40.94	4.18
@PHARMACY	627	13,654	\$	221,880.84	\$ 16.25	12.561	\$ 353.88	\$ 204.12
PRESCRIPTION DRUGS	597	2,509		203,453.70	81.09	2.308	340.79	187.17
SNF/ICF	81	521		38,597.25	74.08	.479	476.51	35.51
OUTPATIENTS	519	1,988		164,856.45	82.93	1.829	317.64	151.66
MEDICAL SUPPLIES	109	11,145		18,427.14	1.65	10.253	169.06	16.95
@DENTIST	64	211	\$	8,586.50	\$ 40.69	.194	\$ 134.16	\$ 7.90
VISITS - DIAGNOSTIC	45	138		2,396.50	17.37	.127	53.26	2.20
ORAL SURGERY	7	11		391.00	35.55	.010	55.86	.36
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00

PERIODONTICS	4	6	1,200.00	200.00	.006	300.00	1.10
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	21	51	4,354.00	85.37	.047	207.33	4.01
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.03
DENTURES, STAYPLATES	3	3	215.00	71.67	.003	71.67	.20
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 56 ALL BLIND

PAGE 6,302
01/17/03

1,087 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	14	32	\$ 1,986.32	\$ 62.07	.029	\$ 141.88	\$ 1.83
DIAGNOSTIC AND ANC. PROCED	6	6	365.23	60.87	.006	60.87	.34
EYE APPLIANCES	8	20	1,406.88	70.34	.018	175.86	1.29
OTHER OPTOMETRIC SERVICES	5	6	214.21	35.70	.006	42.84	.20
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	14	14	\$ 94.63	\$ 6.76	.013	\$ 6.76	\$.09
MEDICINE/INJECTIONS	2	2	61.20	30.60	.002	30.60	.06
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	12	12	33.43	2.79	.011	2.79	.03
@HOME HEALTH AGENCY	11	1,704	\$ 50,388.32	\$ 29.57	1.568	\$ 4580.76	\$ 46.36
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	116	629	\$ 140,415.95	\$ 223.24	.579	\$ 1210.48	\$ 129.18
HOSP INPATIENT TOTAL	20	178	131,419.53	738.31	.164	6570.98	120.90
HSC HOSPITALS	8	91	102,723.00	1128.82	.084	12840.38	94.50
NON-HSC HOSPITAL TOTAL	4	8	17,853.72	2231.72	.007	4463.43	16.42
ACCOMMODATIONS	4	8	7,764.35	970.54	.007	1941.09	7.14
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	8	7,764.35	970.54	.007	1941.09	7.14
ANCILLARIES	4	0	10,089.37	.00	.000	2522.34	9.28
INPATIENT CROSSOVERS	8	79	10,842.81	137.25	.073	1355.35	9.97
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	100	451	8,996.42	19.95	.415	89.96	8.28
MEDICAL	22	38	1,237.18	32.56	.035	56.24	1.14
SURGERY	4	4	245.52	61.38	.004	61.38	.23
PATHOLOGY	19	136	1,547.02	11.38	.125	81.42	1.42
RADIOLOGY	13	18	1,655.25	91.96	.017	127.33	1.52
ROOM USE	22	35	1,601.45	45.76	.032	72.79	1.47
CROSSOVERS/ALL OTH OUTPTNT	75	220	2,710.00	12.32	.202	36.13	2.49
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

	1,087 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	116	629	\$	140,415.95	\$ 223.24	.579	\$ 1210.48	\$ 129.18
COMM HOSP INPATIENT TOTAL	20	178		131,419.53	738.31	.164	6570.98	120.90
HSC HOSPITALS	8	91		102,723.00	1128.82	.084	12840.38	94.50
NON-HSC HOSPITALS TOTAL	4	8		17,853.72	2231.72	.007	4463.43	16.42
ACCOMMODATIONS	4	8		7,764.35	970.54	.007	1941.09	7.14
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	8		7,764.35	970.54	.007	1941.09	7.14
ANCILLARIES	4	0		10,089.37	.00	.000	2522.34	9.28
INPATIENT CROSSOVERS	8	79		10,842.81	137.25	.073	1355.35	9.97
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	100	451		8,996.42	19.95	.415	89.96	8.28
MEDICAL	22	38		1,237.18	32.56	.035	56.24	1.14
SURGERY	4	4		245.52	61.38	.004	61.38	.23
PATHOLOGY	19	136		1,547.02	11.38	.125	81.42	1.42
RADIOLOGY	13	18		1,655.25	91.96	.017	127.33	1.52
ROOM USE	22	35		1,601.45	45.76	.032	72.79	1.47
CROSSOVERS/ALL OTH OUTPTNT	75	220		2,710.00	12.32	.202	36.13	2.49
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	62	2,196	\$	262,697.71	\$ 119.63	2.020	\$ 4237.06	\$ 241.67
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	62	2,196		262,697.71	119.63	2.020	4237.06	241.67
@INTERMEDIATE CARE FACIL.-DD	40	1,293	\$	173,851.15	\$ 134.46	1.190	\$ 4346.28	\$ 159.94
ICF DDH	40	1,293		173,851.15	134.46	1.190	4346.28	159.94
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	15	665	\$	16,045.33	\$ 24.13	.612	\$ 1069.69	\$ 14.76
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	15	665		16,045.33	24.13	.612	1069.69	14.76
@REHABILITATION FACILITY	3	4	\$	84.76	\$ 21.19	.004	\$ 28.25	\$.08
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00

INDEPENDENT FACILITY	3	4		84.76		21.19	.004	28.25	.08
@LABORATORY FACILITY	36	313	\$	4,335.15	\$	13.85	.288	\$ 120.42	\$ 3.99
PATHOLOGY	36	313		4,335.15		13.85	.288	120.42	3.99
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	47	81	\$	3,030.36	\$	37.41	.075	\$ 64.48	\$ 2.79
CLINIC	19	39		1,046.15		26.82	.036	55.06	.96
SURGICENTER	1	1		183.35		183.35	.001	183.35	.17
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	27	41		1,800.86		43.92	.038	66.70	1.66
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
MOP024	FEE-FOR-SERVICE/DENTAL								
MARIN COUNTY	SUMMARY OF SERVICES FOR 56 ALL BLIND								

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1,087 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	207	29,547	\$ 129,787.26	\$ 4.39	27.182	\$ 626.99	\$ 119.40
DURABLE MED. EQUIP.	8	58	8,374.41	144.39	.053	1046.80	7.70
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	11	1,192.57	108.42	.010	170.37	1.10
MEDICAL TRANSPORTATION	34	3,230	12,236.01	3.79	2.971	359.88	11.26
AMBULANCES/AIR TRANS	11	162	2,610.48	16.11	.149	237.32	2.40
OTHER TRANS	17	3,006	9,087.88	3.02	2.765	534.58	8.36
OTHER SERVICES	9	62	537.65	8.67	.057	59.74	.49
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	10	82	5,481.34	66.85	.075	548.13	5.04
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	63	1,900	67,165.25	35.35	1.748	1066.12	61.79
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	11	45	1,054.53	23.43	.041	95.87	.97
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	52.54	26.27	.002	52.54	.05

PROSTHETICS	1	2	52.54	26.27	.002	52.54	.05
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	37	135	4,993.87	36.99	.124	134.97	4.59
HOSPICE SERVICES	2	26	2,723.76	104.76	.024	1361.88	2.51
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	22	2,053	19,010.56	9.26	1.889	864.12	17.49
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	56	22,005	7,502.42	.34	20.244	133.97	6.90
@CALIF. CHILDREN SERVICES*	16	119	\$ 20,045.95	\$ 168.45	.109	\$ 1252.87	\$ 18.44
@XOVER EXCLUDING STATE HOSP**	197	1,142	\$ 25,299.06	\$ 22.15	1.051	\$ 128.42	\$ 23.27

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 MARIN COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

	38,819 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	29,424	996,959	\$	30,048,041.93	\$ 30.14	25.682	\$ 1021.21	\$ 774.06
@PHYSICIANS SERVICES	7,281	22,533	\$	855,382.20	\$ 37.96	.580	\$ 117.48	\$ 22.04
OUTPATIENT VISITS	3,423	4,946		195,291.40	39.48	.127	57.05	5.03
OFFICE VISITS	2,186	3,047		99,191.54	32.55	.078	45.38	2.56
HOME VISITS	91	104		3,943.25	37.92	.003	43.33	.10
EMERGENCY ROOM	1,269	1,598		85,617.84	53.58	.041	67.47	2.21
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1		60.48	60.48	.000	60.48	.00
OTHER OUTPATIENT	170	196		6,478.29	33.05	.005	38.11	.17
INPATIENT VISITS	788	3,119		148,575.96	47.64	.080	188.55	3.83
HOSPITAL VISITS	542	2,557		113,030.44	44.20	.066	208.54	2.91
CRITICAL CARE	51	198		23,126.80	116.80	.005	453.47	.60
SNF/ICF/TRANS IP CARE	265	364		12,418.72	34.12	.009	46.86	.32
OPHTHALMOLOGICAL SERVICES	165	194		8,469.91	43.66	.005	51.33	.22
EXAMINATIONS	165	194		8,469.91	43.66	.005	51.33	.22
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	222	1,327		99,151.58	74.72	.034	446.63	2.55
PRINCIPAL SURGEON	162	255		72,666.59	284.97	.007	448.56	1.87
ASSISTANT SURGEON	9	10		1,445.58	144.56	.000	160.62	.04
ANESTHESIOLOGIST	76	1,062		25,039.41	23.58	.027	329.47	.65
OUTPATIENT SURGERY	498	1,394		80,743.41	57.92	.036	162.14	2.08
PRINCIPAL SURGEON	404	501		63,382.52	126.51	.013	156.89	1.63
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	108	893		17,360.89	19.44	.023	160.75	.45
DIALYSIS	15	93		5,167.24	55.56	.002	344.48	.13
PATHOLOGY	416	1,113		11,811.15	10.61	.029	28.39	.30
RADIOLOGY	1,364	2,535		105,573.54	41.65	.065	77.40	2.72
PSYCHIATRY	14	27		756.60	28.02	.001	54.04	.02
IMMUNIZATION AND INJECTION	112	316		59,134.62	187.13	.008	527.99	1.52
OTHER SERVICES/ALL X-OVERS	3,073	7,469		140,706.79	18.84	.192	45.79	3.62
@PHARMACY	24,395	203,399	\$	15,471,518.93	\$ 76.06	5.240	\$ 634.21	\$ 398.56
PRESCRIPTION DRUGS	24,062	105,822		12,324,976.93	116.47	2.726	512.22	317.50
SNF/ICF	1,644	11,184		1,200,342.85	107.33	.288	730.14	30.92
OUTPATIENTS	22,598	94,638		11,124,634.08	117.55	2.438	492.28	286.58

MEDICAL SUPPLIES	1,875	97,577		3,146,542.00		32.25	2.514	1678.16	81.06
@DENTIST	3,120	10,481	\$	476,524.12	\$	45.47	.270	\$ 152.73	\$ 12.28
VISITS - DIAGNOSTIC	2,219	6,599		116,427.35		17.64	.170	52.47	3.00
ORAL SURGERY	312	683		34,017.43		49.81	.018	109.03	.88
DRUGS	14	18		93.75		5.21	.000	6.70	.00
ANESTHESIA	5	5		500.00		100.00	.000	100.00	.01
PERIODONTICS	195	296		50,326.25		170.02	.008	258.08	1.30
ENDODONTICS	132	163		32,167.50		197.35	.004	243.69	.83
RESTORATIVE DENTISTRY	969	2,179		183,769.75		84.34	.056	189.65	4.73
PROSTHETICS	55	66		2,800.00		42.42	.002	50.91	.07
DENTURES, STAYPLATES	183	411		54,714.02		133.12	.011	298.98	1.41
SPACE MAINTAINERS	1	1		200.00		200.00	.000	200.00	.01
MAXILLOFACIAL SERVICES	4	5		298.07		59.61	.000	74.52	.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	7	8		1,135.00		141.88	.000	162.14	.03
ALL OTHER SERVICES	25	47		75.00		1.60	.001	3.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 6,306
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 57 ALL DISABLED								

						----- MONTHLY AVERAGE -----		
38,819 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	341	828	\$	22,091.05	\$ 26.68	.021	\$ 64.78	\$.57
DIAGNOSTIC AND ANC. PROCED	226	231		10,691.57	46.28	.006	47.31	.28
EYE APPLIANCES	177	560		9,874.38	17.63	.014	55.79	.25
OTHER OPTOMETRIC SERVICES	27	37		1,525.10	41.22	.001	56.49	.04
@CHIROPRACTOR	14	24	\$	387.90	\$ 16.16	.001	\$ 27.71	\$.01
VISITS	13	23		384.56	16.72	.001	29.58	.01
OTHER SERVICES	1	1		3.34	3.34	.000	3.34	.00
@PODIATRIST	437	627	\$	13,117.11	\$ 20.92	.016	\$ 30.02	\$.34
MEDICINE/INJECTIONS	215	248		6,291.85	25.37	.006	29.26	.16
SURGERY/ANES.	24	27		1,080.99	40.04	.001	45.04	.03
RADIO./PATHOLOGY	3	5		86.50	17.30	.000	28.83	.00
OTHER	230	347		5,657.77	16.30	.009	24.60	.15
@HOME HEALTH AGENCY	149	6,956	\$	203,280.39	\$ 29.22	.179	\$ 1364.30	\$ 5.24
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	2	15	\$	126.15	\$ 8.41	.000	\$ 63.08	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	7	24	\$	207.07	\$ 8.63	.001	\$ 29.58	\$.01
@TOTAL HOSPITAL	4,896	28,318	\$	4,273,333.44	\$ 150.91	.729	\$ 872.82	\$ 110.08
HOSP INPATIENT TOTAL	544	4,469		3,535,873.76	791.20	.115	6499.77	91.09
HSC HOSPITALS	292	1,913		2,639,947.63	1380.00	.049	9040.92	68.01
NON-HSC HOSPITAL TOTAL	61	373		634,803.85	1701.89	.010	10406.62	16.35
ACCOMMODATIONS	60	373		206,734.36	554.25	.010	3445.57	5.33
ADMINISTRATIVE DAYS	32	208		45,238.77	217.49	.005	1413.71	1.17
TRANSITIONAL IP CARE	0	0		200.96	.00	.000	.00	.01
ALL OTHER ACCOM	29	165		161,294.63	977.54	.004	5561.88	4.16
ANCILLARIES	61	0		428,069.49	.00	.000	7017.53	11.03
INPATIENT CROSSOVERS	218	2,183		261,122.28	119.62	.056	1197.81	6.73
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,543	23,849		737,459.68	30.92	.614	162.33	19.00
MEDICAL	1,359	2,390		86,234.48	36.08	.062	63.45	2.22
SURGERY	320	423		32,302.63	76.37	.011	100.95	.83
PATHOLOGY	1,161	6,432		75,412.40	11.72	.166	64.95	1.94
RADIOLOGY	922	1,403		128,367.78	91.50	.036	139.23	3.31
ROOM USE	1,536	2,393		112,090.58	46.84	.062	72.98	2.89

CROSSEOVERS/ALL OTH OUTPTNT	2,616	10,808		303,051.81	28.04	.278	115.85	7.81
@COUNTY HOSPITAL TOTAL	87	431	\$	50,046.53	\$ 116.12	.011	\$ 575.25	\$ 1.29
CO HOSPITAL INPATIENT TOTAL	8	109		40,023.92	367.19	.003	5002.99	1.03
HSC HOSPITALS	5	27		31,795.00	1177.59	.001	6359.00	.82
NON-HSC HOSPITALS TOTAL	1	15		5,812.92	387.53	.000	5812.92	.15
ACCOMMODATIONS	1	15		3,621.48	241.43	.000	3621.48	.09
ADMINISTRATIVE DAYS	1	15		3,571.54	238.10	.000	3571.54	.09
TRANSITIONAL IP CARE	0	0		49.94	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	1	0		2,191.44	.00	.000	2191.44	.06
INPATIENT CROSSEOVERS	3	67		2,416.00	36.06	.002	805.33	.06
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	80	322		10,022.61	31.13	.008	125.28	.26
MEDICAL	26	31		1,167.50	37.66	.001	44.90	.03
SURGERY	6	8		187.83	23.48	.000	31.31	.00
PATHOLOGY	30	115		1,727.17	15.02	.003	57.57	.04
RADIOLOGY	20	39		3,297.80	84.56	.001	164.89	.08
ROOM USE	52	61		2,740.04	44.92	.002	52.69	.07
CROSSEOVERS/ALL OTH OUTPTNT	30	68		902.27	13.27	.002	30.08	.02

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

	38,819 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,821	27,887	\$	4,223,286.91	\$ 151.44	.718	\$ 876.02	\$ 108.79
COMM HOSP INPATIENT TOTAL	536	4,360		3,495,849.84	801.80	.112	6522.11	90.06
HSC HOSPITALS	287	1,886		2,608,152.63	1382.90	.049	9087.64	67.19
NON-HSC HOSPITALS TOTAL	60	358		628,990.93	1756.96	.009	10483.18	16.20
ACCOMMODATIONS	59	358		203,112.88	567.35	.009	3442.59	5.23
ADMINISTRATIVE DAYS	31	193		41,667.23	215.89	.005	1344.10	1.07
TRANSITIONAL IP CARE	0	0		151.02	.00	.000	.00	.00
ALL OTHER ACCOM	29	165		161,294.63	977.54	.004	5561.88	4.16
ANCILLARIES	60	0		425,878.05	.00	.000	7097.97	10.97
INPATIENT CROSSEOVERS	215	2,116		258,706.28	122.26	.055	1203.29	6.66
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,475	23,527		727,437.07	30.92	.606	162.56	18.74
MEDICAL	1,335	2,359		85,066.98	36.06	.061	63.72	2.19
SURGERY	314	415		32,114.80	77.39	.011	102.28	.83
PATHOLOGY	1,133	6,317		73,685.23	11.66	.163	65.04	1.90
RADIOLOGY	906	1,364		125,069.98	91.69	.035	138.05	3.22
ROOM USE	1,489	2,332		109,350.54	46.89	.060	73.44	2.82
CROSSEOVERS/ALL OTH OUTPTNT	2,589	10,740		302,149.54	28.13	.277	116.71	7.78
@STATE HOSPITAL	3	42	\$	22,860.26	\$ 544.29	.001	\$ 7620.09	\$.59
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	3	42		22,860.26	544.29	.001	7620.09	.59
@NURSING FACILITY	853	26,997	\$	3,439,943.57	\$ 127.42	.695	\$ 4032.76	\$ 88.61
LEV A-INTERMEDIATE	16	582		34,850.85	59.88	.015	2178.18	.90
LEV B-REHAB MD	200	8,046		897,249.68	111.51	.207	4486.25	23.11
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	21	703		332,113.90	472.42	.018	15814.95	8.56
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	620	17,666		2,175,729.14	123.16	.455	3509.24	56.05
@INTERMEDIATE CARE FACIL.-DD	632	20,590	\$	2,819,254.14	\$ 136.92	.530	\$ 4460.85	\$ 72.63
ICF DDH	632	20,590		2,819,254.14	136.92	.530	4460.85	72.63
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	153	1,212	\$ 135,120.33	\$ 111.49	.031	\$ 883.14	\$ 3.48
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	153	1,212	135,120.33	111.49	.031	883.14	3.48
@REHABILITATION FACILITY	90	777	\$ 12,657.59	\$ 16.29	.020	\$ 140.64	\$.33
HOSPITAL BASED	12	40	1,156.89	28.92	.001	96.41	.03
INDEPENDENT FACILITY	78	737	11,500.70	15.60	.019	147.44	.30
@LABORATORY FACILITY	2,475	14,534	\$ 164,210.96	\$ 11.30	.374	\$ 66.35	\$ 4.23
PATHOLOGY	2,429	14,460	160,312.68	11.09	.372	66.00	4.13
XO AND OTHERS	67	74	3,898.28	52.68	.002	58.18	.10
@ORGANIZED OUTPATIENT CLINIC	3,720	6,759	\$ 501,706.67	\$ 74.23	.174	\$ 134.87	\$ 12.92
CLINIC	711	1,684	38,622.51	22.93	.043	54.32	.99
SURGICENTER	15	27	2,707.52	100.28	.001	180.50	.07
HEROIN DETOX CLINIC	25	404	4,733.51	11.72	.010	189.34	.12
RURAL HEALTH CLINIC	3,083	4,644	455,643.13	98.11	.120	147.79	11.74
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,308
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 57 ALL DISABLED						

					----- MONTHLY AVERAGE -----			
38,819 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	5,026	652,843	\$ 1,636,320.05	\$ 2.51	16.818	\$ 325.57	\$ 42.15	
DURABLE MED. EQUIP.	363	1,888	244,395.12	129.45	.049	673.26	6.30	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	77	150	14,567.09	97.11	.004	189.18	.38	
MEDICAL TRANSPORTATION	883	17,930	148,790.80	8.30	.462	168.51	3.83	
AMBULANCES/AIR TRANS	475	6,924	96,199.39	13.89	.178	202.53	2.48	
OTHER TRANS	91	6,158	16,037.67	2.60	.159	176.24	.41	
OTHER SERVICES	344	4,848	36,553.74	7.54	.125	106.26	.94	
ACUPUNCTURE	108	306	5,378.12	17.58	.008	49.80	.14	
ADULT DAY HEALTH CARE CTR	365	3,855	256,631.83	66.57	.099	703.10	6.61	
GENETIC DISEASE TESTING	2	2	110.00	55.00	.000	55.00	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	337	7,025	288,440.34	41.06	.181	855.91	7.43	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	646	1,915	24,379.21	12.73	.049	37.74	.63	
PHYSICAL THERAPIST	7	49	849.43	17.34	.001	121.35	.02	
PORTABLE X-RAY	22	51	935.43	18.34	.001	42.52	.02	
PROSTHETIST/ORTHOTISTS	94	261	32,767.17	125.54	.007	348.59	.84	
PROSTHETICS	84	240	31,339.89	130.58	.006	373.09	.81	
ORTHOTICS	10	21	1,427.28	67.97	.001	142.73	.04	
PSYCHOLOGIST	24	37	420.77	11.37	.001	17.53	.01	
SPEECH AND AUDIOLOGY	917	3,768	148,257.17	39.35	.097	161.68	3.82	
HOSPICE SERVICES	50	1,613	199,390.94	123.61	.042	3987.82	5.14	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	386	14,137	98,541.77	6.97	.364	255.29	2.54	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	1,310	599,856	172,464.86	.29	15.453	131.65	4.44	
@CALIF. CHILDREN SERVICES*	334	5,346	\$ 2,063,365.65	\$ 385.96	.138	\$ 6177.74	\$ 53.15	
@XOVER EXCLUDING STATE HOSP**	4,674	50,597	\$ 847,808.68	\$ 16.76	1.303	\$ 181.39	\$ 21.84	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MARIN COUNTY

SUMMARY OF SERVICES FOR 58 ALL FAMILIES

74,829 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	28,373	155,409	\$ 9,068,030.53	\$ 58.35	2.077	\$ 319.60	\$ 121.18
@PHYSICIANS SERVICES	8,805	20,124	\$ 1,041,867.77	\$ 51.77	.269	\$ 118.33	\$ 13.92
OUTPATIENT VISITS	6,003	7,699	289,878.46	37.65	.103	48.29	3.87
OFFICE VISITS	3,354	4,279	136,351.14	31.87	.057	40.65	1.82
HOME VISITS	6	8	394.49	49.31	.000	65.75	.01
EMERGENCY ROOM	2,763	3,139	141,052.54	44.94	.042	51.05	1.88
PREVENTIVE CARE	15	15	681.47	45.43	.000	45.43	.01
OB VISITS/COMPRE PERI	61	128	7,585.35	59.26	.002	124.35	.10
OTHER OUTPATIENT	117	130	3,813.47	29.33	.002	32.59	.05
INPATIENT VISITS	343	1,366	98,822.75	72.34	.018	288.11	1.32
HOSPITAL VISITS	327	1,068	52,346.62	49.01	.014	160.08	.70
CRITICAL CARE	45	287	46,208.63	161.01	.004	1026.86	.62
SNF/ICF/TRANS IP CARE	5	11	267.50	24.32	.000	53.50	.00
OPHTHALMOLOGICAL SERVICES	210	246	10,660.10	43.33	.003	50.76	.14
EXAMINATIONS	210	246	10,660.10	43.33	.003	50.76	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	599	2,403	282,835.65	117.70	.032	472.18	3.78
PRINCIPAL SURGEON	431	495	231,646.11	467.97	.007	537.46	3.10
ASSISTANT SURGEON	31	31	5,457.11	176.04	.000	176.04	.07
ANESTHESIOLOGIST	195	1,877	45,732.43	24.36	.025	234.53	.61
OUTPATIENT SURGERY	765	1,709	94,602.22	55.36	.023	123.66	1.26
PRINCIPAL SURGEON	669	878	75,647.03	86.16	.012	113.07	1.01
ASSISTANT SURGEON	2	2	284.29	142.15	.000	142.15	.00
ANESTHESIOLOGIST	137	829	18,670.90	22.52	.011	136.28	.25
DIALYSIS	5	6	1,607.46	267.91	.000	321.49	.02
PATHOLOGY	571	1,057	10,637.73	10.06	.014	18.63	.14
RADIOLOGY	2,182	3,002	105,362.86	35.10	.040	48.29	1.41
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	118	236		3,060.55		12.97	.003	25.94	.04
OTHER SERVICES/ALL X-OVERS	1,016	2,400		144,399.99		60.17	.032	142.13	1.93
@PHARMACY	11,827	28,952	\$	1,438,428.11	\$	49.68	.387	\$ 121.62	\$ 19.22
PRESCRIPTION DRUGS	11,697	25,596		1,398,805.00		54.65	.342	119.59	18.69
SNF/ICF	67	147		71,157.53		484.06	.002	1062.05	.95
OUTPATIENTS	11,654	25,449		1,327,647.47		52.17	.340	113.92	17.74
MEDICAL SUPPLIES	384	3,356		39,623.11		11.81	.045	103.19	.53
@DENTIST	3,881	14,019	\$	457,974.65	\$	32.67	.187	\$ 118.00	\$ 6.12
VISITS - DIAGNOSTIC	2,868	9,530		165,182.50		17.33	.127	57.60	2.21
ORAL SURGERY	410	674		38,727.75		57.46	.009	94.46	.52
DRUGS	102	113		2,459.75		21.77	.002	24.12	.03
ANESTHESIA	23	23		2,100.00		91.30	.000	91.30	.03
PERIODONTICS	72	75		10,881.25		145.08	.001	151.13	.15
ENDODONTICS	231	347		49,003.75		141.22	.005	212.14	.65
RESTORATIVE DENTISTRY	1,255	2,950		172,448.25		58.46	.039	137.41	2.30
PROSTHETICS	14	16		440.00		27.50	.000	31.43	.01
DENTURES, STAYPLATES	33	136		7,318.00		53.81	.002	221.76	.10
SPACE MAINTAINERS	15	17		1,560.00		91.76	.000	104.00	.02
MAXILLOFACIAL SERVICES	11	13		1,046.13		80.47	.000	95.10	.01
FRACTURES, DISLOCATIONS	3	3		105.00		35.00	.000	35.00	.00
ORTHODONTIC SERVICES	79	96		6,552.27		68.25	.001	82.94	.09
ALL OTHER SERVICES	18	26		150.00		5.77	.000	8.33	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
MOP024	FEE-FOR-SERVICE/DENTAL								
MARIN COUNTY	SUMMARY OF SERVICES FOR 58 ALL FAMILIES								

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74,829 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	343	789	\$ 21,131.41	\$ 26.78	.011	\$ 61.61	\$.28
DIAGNOSTIC AND ANC. PROCED	295	295	13,832.85	46.89	.004	46.89	.18
EYE APPLIANCES	165	493	7,229.66	14.66	.007	43.82	.10
OTHER OPTOMETRIC SERVICES	1	1	68.90	68.90	.000	68.90	.00
@CHIROPRACTOR	10	21	\$ 351.12	\$ 16.72	.000	\$ 35.11	\$.00
VISITS	10	21	351.12	16.72	.000	35.11	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	63	108	\$ 3,469.35	\$ 32.12	.001	\$ 55.07	\$.05
MEDICINE/INJECTIONS	61	72	2,109.47	29.30	.001	34.58	.03
SURGERY/ANES.	9	12	134.00	11.17	.000	14.89	.00
RADIO./PATHOLOGY	6	10	176.44	17.64	.000	29.41	.00
OTHER	7	14	1,049.44	74.96	.000	149.92	.01
@HOME HEALTH AGENCY	272	518	\$ 29,204.17	\$ 56.38	.007	\$ 107.37	\$.39
NURSE ANESTHESIST	1	15	\$ 248.54	\$ 16.57	.000	\$ 248.54	\$.00
NURSE MIDWIFE	3	18	\$ 672.09	\$ 37.34	.000	\$ 224.03	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$ 6.38	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	4	9	\$ 146.48	\$ 16.28	.000	\$ 36.62	\$.00
@TOTAL HOSPITAL	5,323	20,141	\$ 3,966,954.37	\$ 196.96	.269	\$ 745.25	\$ 53.01
HOSP INPATIENT TOTAL	621	2,411	3,368,100.75	1396.97	.032	5423.67	45.01
HSC HOSPITALS	593	2,324	3,234,497.44	1391.78	.031	5454.46	43.23
NON-HSC HOSPITAL TOTAL	30	82	132,791.31	1619.41	.001	4426.38	1.77
ACCOMMODATIONS	30	82	57,390.81	699.89	.001	1913.03	.77
ADMINISTRATIVE DAYS	4	7	1,187.09	169.58	.000	296.77	.02
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	27	75	56,203.72	749.38	.001	2081.62	.75
ANCILLARIES	30	0	75,400.50	.00	.000	2513.35	1.01
INPATIENT CROSSOVERS	1	5	812.00	162.40	.000	812.00	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	4,895	17,730		598,853.62	33.78	.237	122.34	8.00	
MEDICAL	2,138	2,900		108,956.99	37.57	.039	50.96	1.46	
SURGERY	379	509		22,164.20	43.54	.007	58.48	.30	
PATHOLOGY	1,469	5,400		58,917.85	10.91	.072	40.11	.79	
RADIOLOGY	1,517	1,914		139,768.64	73.02	.026	92.13	1.87	
ROOM USE	2,465	3,190		134,572.35	42.19	.043	54.59	1.80	
CROSSOVERS/ALL OTH OUTPTNT	1,887	3,817		134,473.59	35.23	.051	71.26	1.80	
@COUNTY HOSPITAL TOTAL	70	363	\$	33,880.88	\$ 93.34	.005	\$ 484.01	\$.45	
CO HOSPITAL INPATIENT TOTAL	10	22		24,505.06	1113.87	.000	2450.51	.33	
HSC HOSPITALS	10	22		24,505.06	1113.87	.000	2450.51	.33	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	63	341		9,375.82	27.50	.005	148.82	.13	
MEDICAL	19	27		746.06	27.63	.000	39.27	.01	
SURGERY	16	21		560.39	26.69	.000	35.02	.01	
PATHOLOGY	32	161		2,972.62	18.46	.002	92.89	.04	
RADIOLOGY	9	10		717.18	71.72	.000	79.69	.01	
ROOM USE	39	69		3,280.27	47.54	.001	84.11	.04	
CROSSOVERS/ALL OTH OUTPTNT	23	53		1,099.30	20.74	.001	47.80	.01	
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MARIN COUNTY	SUMMARY OF SERVICES FOR 58 ALL FAMILIES								

					----- MONTHLY AVERAGE -----			
74,829 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	5,262	19,778	\$ 3,933,073.49	\$ 198.86	.264	\$ 747.45	\$ 52.56	
COMM HOSP INPATIENT TOTAL	612	2,389	3,343,595.69	1399.58	.032	5463.39	44.68	
HSC HOSPITALS	584	2,302	3,209,992.38	1394.44	.031	5496.56	42.90	
NON-HSC HOSPITALS TOTAL	30	82	132,791.31	1619.41	.001	4426.38	1.77	
ACCOMMODATIONS	30	82	57,390.81	699.89	.001	1913.03	.77	
ADMINISTRATIVE DAYS	4	7	1,187.09	169.58	.000	296.77	.02	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	27	75	56,203.72	749.38	.001	2081.62	.75	
ANCILLARIES	30	0	75,400.50	.00	.000	2513.35	1.01	
INPATIENT CROSSOVERS	1	5	812.00	162.40	.000	812.00	.01	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	4,841	17,389	589,477.80	33.90	.232	121.77	7.88	
MEDICAL	2,121	2,873	108,210.93	37.66	.038	51.02	1.45	
SURGERY	364	488	21,603.81	44.27	.007	59.35	.29	
PATHOLOGY	1,438	5,239	55,945.23	10.68	.070	38.90	.75	
RADIOLOGY	1,509	1,904	139,051.46	73.03	.025	92.15	1.86	
ROOM USE	2,433	3,121	131,292.08	42.07	.042	53.96	1.75	
CROSSOVERS/ALL OTH OUTPTNT	1,866	3,764	133,374.29	35.43	.050	71.48	1.78	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	3	348	\$ 42,509.64	\$ 122.15	.005	\$ 14169.88	\$.57	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	3	348	42,509.64	122.15	.005	14169.88	.57
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	9	443	\$ 13,631.75	\$ 30.77	.006	\$ 1514.64	\$.18
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	9	443	13,631.75	30.77	.006	1514.64	.18
@REHABILITATION FACILITY	21	235	\$ 3,408.44	\$ 14.50	.003	\$ 162.31	\$.05
HOSPITAL BASED	0	1CR	7.58	7.58CR	.000	.00	.00
INDEPENDENT FACILITY	21	236	3,400.86	14.41	.003	161.95	.05
@LABORATORY FACILITY	3,577	13,267	\$ 182,917.37	\$ 13.79	.177	\$ 51.14	\$ 2.44
PATHOLOGY	3,563	13,247	181,346.92	13.69	.177	50.90	2.42
XO AND OTHERS	18	20	1,570.45	78.52	.000	87.25	.02
@ORGANIZED OUTPATIENT CLINIC	9,191	27,335	\$ 1,645,944.14	\$ 60.21	.365	\$ 179.08	\$ 22.00
CLINIC	2,694	16,284	309,888.43	19.03	.218	115.03	4.14
SURGICENTER	3	13	379.96	29.23	.000	126.65	.01
HEROIN DETOX CLINIC	6	78	899.46	11.53	.001	149.91	.01
RURAL HEALTH CLINIC	6,880	10,960	1,334,776.29	121.79	.146	194.01	17.84
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,312
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 58 ALL FAMILIES						

					----- MONTHLY AVERAGE -----			
74,829 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	2,238	29,067	\$ 219,164.75	\$ 7.54	.388	\$ 97.93	\$ 2.93	
DURABLE MED. EQUIP.	133	197	18,236.82	92.57	.003	137.12	.24	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	13	57	8,184.24	143.58	.001	629.56	.11	
MEDICAL TRANSPORTATION	251	2,622	59,681.00	22.76	.035	237.77	.80	
AMBULANCES/AIR TRANS	249	2,605	43,419.87	16.67	.035	174.38	.58	
OTHER TRANS	1	3	19.84	6.61	.000	19.84	.00	
OTHER SERVICES	10	14	16,241.29	1160.09	.000	1624.13	.22	
ACUPUNCTURE	72	229	4,200.83	18.34	.003	58.34	.06	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	193	195	16,480.00	84.51	.003	85.39	.22	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	498	1,335	15,231.11	11.41	.018	30.58	.20	
PHYSICAL THERAPIST	3	6	116.09	19.35	.000	38.70	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	64	169	25,183.57	149.02	.002	393.49	.34	
PROSTHETICS	58	162	24,655.04	152.19	.002	425.09	.33	
ORTHOTICS	6	7	528.53	75.50	.000	88.09	.01	
PSYCHOLOGIST	4	29	1,870.76	64.51	.000	467.69	.03	
SPEECH AND AUDIOLOGY	13	28	1,490.21	53.22	.000	114.63	.02	
HOSPICE SERVICES	1	5	818.55	163.71	.000	818.55	.01	
NONINST BIRTHING CENTERS	1	1	1,007.23	1007.23	.000	1007.23	.01	
LOCAL EDUCATION AGENCIES	994	6,150	63,455.38	10.32	.082	63.84	.85	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	25	18,044	3,208.96	.18	.241	128.36	.04	
@CALIF. CHILDREN SERVICES*	313	3,257	\$ 806,603.31	\$ 247.65	.044	\$ 2577.01	\$ 10.78	

@XOVER EXCLUDING STATE HOSP** 70 236 \$ 17,223.90 \$ 72.98 .003 \$ 246.06 \$.23

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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 MARIN COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

3,531 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,358	13,194	\$ 504,599.63	\$ 38.24	3.737	\$ 371.58	\$ 142.91
@PHYSICIANS SERVICES	418	1,041	\$ 45,879.97	\$ 44.07	.295	\$ 109.76	\$ 12.99
OUTPATIENT VISITS	292	360	14,603.79	40.57	.102	50.01	4.14
OFFICE VISITS	173	208	6,900.54	33.18	.059	39.89	1.95
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	123	136	6,960.92	51.18	.039	56.59	1.97
PREVENTIVE CARE	1	1	37.39	37.39	.000	37.39	.01
OB VISITS/COMPRE PERI	2	2	272.66	136.33	.001	136.33	.08
OTHER OUTPATIENT	13	13	432.28	33.25	.004	33.25	.12
INPATIENT VISITS	30	105	6,059.11	57.71	.030	201.97	1.72
HOSPITAL VISITS	13	56	3,202.46	57.19	.016	246.34	.91
CRITICAL CARE	1	7	1,052.59	150.37	.002	1052.59	.30
SNF/ICF/TRANS IP CARE	17	42	1,804.06	42.95	.012	106.12	.51
OPHTHALMOLOGICAL SERVICES	11	16	590.42	36.90	.005	53.67	.17
EXAMINATIONS	11	16	590.42	36.90	.005	53.67	.17
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	12	90	7,144.41	79.38	.025	595.37	2.02
PRINCIPAL SURGEON	10	12	5,839.98	486.67	.003	584.00	1.65
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	78	1,304.43	16.72	.022	434.81	.37
OUTPATIENT SURGERY	39	114	7,806.28	68.48	.032	200.16	2.21
PRINCIPAL SURGEON	31	42	6,027.09	143.50	.012	194.42	1.71
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	72	1,779.19	24.71	.020	222.40	.50
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	25	32	278.30	8.70	.009	11.13	.08
RADIOLOGY	90	148	6,167.48	41.67	.042	68.53	1.75
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2	32.31	16.16	.001	16.16	.01
OTHER SERVICES/ALL X-OVERS	54	174	3,197.87	18.38	.049	59.22	.91
@PHARMACY	572	6,932	\$ 107,850.53	\$ 15.56	1.963	\$ 188.55	\$ 30.54
PRESCRIPTION DRUGS	554	1,296	101,610.61	78.40	.367	183.41	28.78
SNF/ICF	39	272	21,681.25	79.71	.077	555.93	6.14
OUTPATIENTS	517	1,024	79,929.36	78.06	.290	154.60	22.64
MEDICAL SUPPLIES	46	5,636	6,239.92	1.11	1.596	135.65	1.77
@DENTIST	177	614	\$ 16,693.00	\$ 27.19	.174	\$ 94.31	\$ 4.73
VISITS - DIAGNOSTIC	130	439	7,824.00	17.82	.124	60.18	2.22
ORAL SURGERY	17	53	2,667.00	50.32	.015	156.88	.76
DRUGS	1	1	.00	.00	.000	.00	.00
ANESTHESIA	3	3	300.00	100.00	.001	100.00	.08
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	3	3	472.00	157.33	.001	157.33	.13
RESTORATIVE DENTISTRY	44	100	4,000.00	40.00	.028	90.91	1.13
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	1	1	50.00	50.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	9	11	1,380.00	125.45	.003	153.33	.39
ALL OTHER SERVICES	3	3	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

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3,531 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	19	44	\$ 1,478.01	\$ 33.59	.012	\$ 77.79	\$.42
DIAGNOSTIC AND ANC. PROCED	17	17	779.94	45.88	.005	45.88	.22
EYE APPLIANCES	11	26	629.17	24.20	.007	57.20	.18
OTHER OPTOMETRIC SERVICES	1	1	68.90	68.90	.000	68.90	.02
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	8	13	\$ 686.74	\$ 52.83	.004	\$ 85.84	\$.19
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	275	1,252	\$ 113,292.76	\$ 90.49	.355	\$ 411.97	\$ 32.09
HOSP INPATIENT TOTAL	17	53	72,891.47	1375.31	.015	4287.73	20.64
HSC HOSPITALS	15	47	63,745.06	1356.28	.013	4249.67	18.05
NON-HSC HOSPITAL TOTAL	2	6	9,146.41	1524.40	.002	4573.21	2.59
ACCOMMODATIONS	2	6	4,224.51	704.09	.002	2112.26	1.20

ADMINISTRATIVE DAYS	0	0	31.29CR	.00	.000	.00	.01CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	6	4,255.80	709.30	.002	2127.90	1.21
ANCILLARIES	2	0	4,921.90	.00	.000	2460.95	1.39
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	266	1,199	40,401.29	33.70	.340	151.88	11.44
MEDICAL	119	146	7,029.13	48.14	.041	59.07	1.99
SURGERY	17	18	999.19	55.51	.005	58.78	.28
PATHOLOGY	87	567	6,272.07	11.06	.161	72.09	1.78
RADIOLOGY	84	144	15,408.80	107.01	.041	183.44	4.36
ROOM USE	148	190	7,965.87	41.93	.054	53.82	2.26
CROSSOVERS/ALL OTH OUTPTNT	78	134	2,726.23	20.35	.038	34.95	.77
@COUNTY HOSPITAL TOTAL	9	41	\$ 865.46	\$ 21.11	.012	\$ 96.16	\$.25
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	41	865.46	21.11	.012	96.16	.25
MEDICAL	5	6	156.56	26.09	.002	31.31	.04
SURGERY	2	2	68.18	34.09	.001	34.09	.02
PATHOLOGY	4	20	333.27	16.66	.006	83.32	.09
RADIOLOGY	1	1	16.59	16.59	.000	16.59	.00
ROOM USE	4	5	192.21	38.44	.001	48.05	.05
CROSSOVERS/ALL OTH OUTPTNT	4	7	98.65	14.09	.002	24.66	.03

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MARIN COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

					----- MONTHLY AVERAGE -----			
3,531 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	267	1,211	\$ 112,427.30	\$ 92.84	.343	\$ 421.08	\$ 31.84	
COMM HOSP INPATIENT TOTAL	17	53	72,891.47	1375.31	.015	4287.73	20.64	
HSC HOSPITALS	15	47	63,745.06	1356.28	.013	4249.67	18.05	
NON-HSC HOSPITALS TOTAL	2	6	9,146.41	1524.40	.002	4573.21	2.59	
ACCOMMODATIONS	2	6	4,224.51	704.09	.002	2112.26	1.20	
ADMINISTRATIVE DAYS	0	0	31.29CR	.00	.000	.00	.01CR	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	2	6	4,255.80	709.30	.002	2127.90	1.21	
ANCILLARIES	2	0	4,921.90	.00	.000	2460.95	1.39	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	258	1,158	39,535.83	34.14	.328	153.24	11.20	
MEDICAL	114	140	6,872.57	49.09	.040	60.29	1.95	
SURGERY	15	16	931.01	58.19	.005	62.07	.26	
PATHOLOGY	83	547	5,938.80	10.86	.155	71.55	1.68	
RADIOLOGY	83	143	15,392.21	107.64	.040	185.45	4.36	
ROOM USE	144	185	7,773.66	42.02	.052	53.98	2.20	
CROSSOVERS/ALL OTH OUTPTNT	75	127	2,627.58	20.69	.036	35.03	.74	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	

MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	19	580	\$ 115,030.42	\$ 198.33	.164	\$ 6054.23	\$ 32.58
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	2	78	9,432.54	120.93	.022	4716.27	2.67
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	3	101	55,868.15	553.15	.029	18622.72	15.82
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	14	401	49,729.73	124.01	.114	3552.12	14.08
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	26	322	\$ 4,621.76	\$ 14.35	.091	\$ 177.76	\$ 1.31
HOSPITAL BASED	2	3	118.13	39.38	.001	59.07	.03
INDEPENDENT FACILITY	24	319	4,503.63	14.12	.090	187.65	1.28
@LABORATORY FACILITY	130	342	\$ 6,054.28	\$ 17.70	.097	\$ 46.57	\$ 1.71
PATHOLOGY	130	342	6,054.28	17.70	.097	46.57	1.71
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	306	876	\$ 53,799.66	\$ 61.42	.248	\$ 175.82	\$ 15.24
CLINIC	93	507	10,604.55	20.92	.144	114.03	3.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	1	12	166.09	13.84	.003	166.09	.05
RURAL HEALTH CLINIC	221	357	43,029.02	120.53	.101	194.70	12.19
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
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MARIN COUNTY	SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT						

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	3,531 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	131	1,178	\$	39,212.50	\$ 33.29	.334	\$ 299.33	\$ 11.11
DURABLE MED. EQUIP.	6	11		1,341.79	121.98	.003	223.63	.38
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	27	432		6,985.36	16.17	.122	258.72	1.98
AMBULANCES/AIR TRANS	24	310		4,627.15	14.93	.088	192.80	1.31
OTHER TRANS	4	121		558.21	4.61	.034	139.55	.16
OTHER SERVICES	1	1		1,800.00	1800.00	.000	1800.00	.51
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	6	6		580.00	96.67	.002	96.67	.16
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	23	56		551.15	9.84	.016	23.96	.16
PHYSICAL THERAPIST	2	3		62.89	20.96	.001	31.45	.02
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	17		2,696.97	158.65	.005	449.50	.76
PROSTHETICS	6	17		2,696.97	158.65	.005	449.50	.76
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	28		5,734.51	204.80	.008	819.22	1.62
HOSPICE SERVICES	7	152		17,988.49	118.35	.043	2569.78	5.09
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	48	469	3,219.42	6.86	.133	67.07	.91
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	4	51.92	12.98	.001	51.92	.01
@CALIF. CHILDREN SERVICES*	82	963	\$ 87,852.73	\$ 91.23	.273	\$ 1071.37	\$ 24.88
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,317
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS	AID CODES

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7	940	\$ 26,460.41	\$ 28.15	188.000	\$ 3780.06	\$ 5292.08
@PHYSICIANS SERVICES	4	7	\$ 1,543.78	\$ 220.54	1.400	\$ 385.95	\$ 308.76
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	4	7	1,543.78	220.54	1.400	385.95	308.76
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	5	18	\$ 1,379.64	\$ 76.65	3.600	\$ 275.93	\$ 275.93
PRESCRIPTION DRUGS	5	18	1,379.64	76.65	3.600	275.93	275.93
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	5	18	1,379.64	76.65	3.600	275.93	275.93
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,318
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS	

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODES			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS AID CODES

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	891	\$ 23,258.85	\$ 26.10	178.200	\$ 3876.48	\$ 4651.77
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	891	23,258.85	26.10	178.200	3876.48	4651.77
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	6	24	\$ 278.14	\$ 11.59	4.800	\$ 46.36	\$ 55.63
PATHOLOGY	6	24	278.14	11.59	4.800	46.36	55.63
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS

PAGE 6,320
01/17/03

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODES			
				AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION AID CODES

PAGE 6,321
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$	.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$	.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	0	0	.00	.00	.000		.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,322
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MARIN COUNTY

SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION

AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$
PATHOLOGY	0	0		.00	.00	.000	.00	
XO AND OTHERS	0	0		.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$
CLINIC	0	0		.00	.00	.000	.00	
SURGICENTER	0	0		.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,325
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS	AID CODES 51 52 56	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$.00	.000	\$.00
@PHYSICIANS SERVICES	0	0 \$	.00	\$.00	.000	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00
OFFICE VISITS	0	0	.00	.00	.000	.00
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
PSYCHIATRY	0	0	.00	.00	.000	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
MARIN COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS							
	AID CODES 51 52 56							

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,327
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MARIN COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS						
	AID CODES 51 52 56						

						----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSEVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSEVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 6,328
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS							AID CODES 51 52 56

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	0	0	\$	.00	.000	\$	.00
DURABLE MED. EQUIP.	0	0		.00	.000	.00	.00	
BLOOD BANK	0	0		.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0		.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0		.00	.000	.00	.00	
AMBULANCES/AIR TRANS	0	0		.00	.000	.00	.00	
OTHER TRANS	0	0		.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.000	.00	.00	
ACUPUNCTURE	0	0		.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0		.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.000	.00	.00	
OPTICIAN	0	0		.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0		.00	.000	.00	.00	
PORTABLE X-RAY	0	0		.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.000	.00	.00	
ORTHOTICS	0	0		.00	.000	.00	.00	
PSYCHOLOGIST	0	0		.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0		.00	.000	.00	.00	
HOSPICE SERVICES	0	0		.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0		.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.000	.00	.00	
ALL OTHER PROVIDERS	0	0		.00	.000	.00	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.000	\$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,329
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MARIN COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

3,835 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,066	19,019	\$ 1,881,358.40	\$ 98.92	4.959	\$ 910.63	\$ 490.58
@PHYSICIANS SERVICES	870	2,956	\$ 201,064.61	\$ 68.02	.771	\$ 231.11	\$ 52.43
OUTPATIENT VISITS	228	277	16,410.46	59.24	.072	71.98	4.28
OFFICE VISITS	23	32	1,572.46	49.14	.008	68.37	.41
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	198	222	13,695.53	61.69	.058	69.17	3.57
PREVENTIVE CARE	0	0	10.49	.00	.000	.00	.00
OB VISITS/COMPRE PERI	8	22	1,112.78	50.58	.006	139.10	.29
OTHER OUTPATIENT	1	1	19.20	19.20	.000	19.20	.01
INPATIENT VISITS	110	483	32,887.82	68.09	.126	298.98	8.58
HOSPITAL VISITS	107	410	20,111.04	49.05	.107	187.95	5.24
CRITICAL CARE	9	73	12,776.78	175.02	.019	1419.64	3.33
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.000	46.44	.01
EXAMINATIONS	1	1	46.44	46.44	.000	46.44	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	179	684	86,001.83	125.73	.178	480.46	22.43
PRINCIPAL SURGEON	136	153	72,451.62	473.54	.040	532.73	18.89
ASSISTANT SURGEON	6	6	968.92	161.49	.002	161.49	.25
ANESTHESIOLOGIST	51	525	12,581.29	23.96	.137	246.69	3.28
OUTPATIENT SURGERY	128	293	14,518.03	49.55	.076	113.42	3.79
PRINCIPAL SURGEON	113	201	12,252.69	60.96	.052	108.43	3.19

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	19	92	2,265.34	24.62	.024	119.23	.59
DIALYSIS	7	26	2,562.69	98.57	.007	366.10	.67
PATHOLOGY	17	50	602.75	12.06	.013	35.46	.16
RADIOLOGY	451	639	22,317.26	34.93	.167	49.48	5.82
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	13	83.20	6.40	.003	16.64	.02
OTHER SERVICES/ALL X-OVERS	186	490	25,634.13	52.31	.128	137.82	6.68
@PHARMACY	655	1,895	\$ 115,871.55	\$ 61.15	.494	\$ 176.90	\$ 30.21
PRESCRIPTION DRUGS	635	1,668	103,627.68	62.13	.435	163.19	27.02
SNF/ICF	4	17	4,389.61	258.21	.004	1097.40	1.14
OUTPATIENTS	634	1,651	99,238.07	60.11	.431	156.53	25.88
MEDICAL SUPPLIES	67	227	12,243.87	53.94	.059	182.74	3.19
@DENTIST	20	37	\$ 371.00	\$ 10.03	.010	\$ 18.55	\$.10
VISITS - DIAGNOSTIC	20	33	288.00	8.73	.009	14.40	.08
ORAL SURGERY	3	3	83.00	27.67	.001	27.67	.02
DRUGS	1	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2CR	.00	.00	.001CR	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	.00	.00	.001	.00	.00
SPACE MAINTAINERS	1	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

PAGE 6,330 01/17/03

3,835 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	81	213	\$ 13,118.97	\$ 61.59	.056	\$ 161.96	\$ 3.42
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	4	68	\$ 1,103.50	\$ 16.23	.018	\$ 275.88	\$.29
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	536	2,415	\$ 1,294,219.89	\$ 535.91	.630	\$ 2414.59	\$ 337.48
HOSP INPATIENT TOTAL	199	895	1,251,988.71	1398.87	.233	6291.40	326.46
HSC HOSPITALS	189	854	1,197,361.37	1402.06	.223	6335.25	312.22
NON-HSC HOSPITAL TOTAL	11	41	54,627.34	1332.37	.011	4966.12	14.24
ACCOMMODATIONS	11	41	35,330.23	861.71	.011	3211.84	9.21

ADMINISTRATIVE DAYS	1	2	427.77	213.89	.001	427.77	.11
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	39	34,902.46	894.93	.010	3490.25	9.10
ANCILLARIES	11	0	19,297.11	.00	.000	1754.28	5.03
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	395	1,520	42,231.18	27.78	.396	106.91	11.01
MEDICAL	115	159	6,566.87	41.30	.041	57.10	1.71
SURGERY	47	79	2,382.67	30.16	.021	50.70	.62
PATHOLOGY	166	589	5,990.95	10.17	.154	36.09	1.56
RADIOLOGY	160	216	14,087.81	65.22	.056	88.05	3.67
ROOM USE	158	202	8,527.90	42.22	.053	53.97	2.22
CROSSOVERS/ALL OTH OUTPTNT	148	275	4,674.98	17.00	.072	31.59	1.22
@COUNTY HOSPITAL TOTAL	7	50	\$ 4,633.32	\$ 92.67	.013	\$ 661.90	\$ 1.21
CO HOSPITAL INPATIENT TOTAL	1	3	3,300.00	1100.00	.001	3300.00	.86
HSC HOSPITALS	1	3	3,300.00	1100.00	.001	3300.00	.86
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	47	1,333.32	28.37	.012	222.22	.35
MEDICAL	1	1	8.97	8.97	.000	8.97	.00
SURGERY	4	7	211.82	30.26	.002	52.96	.06
PATHOLOGY	4	21	421.89	20.09	.005	105.47	.11
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	4	9	561.69	62.41	.002	140.42	.15
CROSSOVERS/ALL OTH OUTPTNT	5	9	128.95	14.33	.002	25.79	.03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,331
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

					----- MONTHLY AVERAGE -----			
3,835 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	530	2,365	\$ 1,289,586.57	\$ 545.28	.617	\$ 2433.18	\$ 336.27	
COMM HOSP INPATIENT TOTAL	198	892	1,248,688.71	1399.88	.233	6306.51	325.60	
HSC HOSPITALS	188	851	1,194,061.37	1403.13	.222	6351.39	311.36	
NON-HSC HOSPITALS TOTAL	11	41	54,627.34	1332.37	.011	4966.12	14.24	
ACCOMMODATIONS	11	41	35,330.23	861.71	.011	3211.84	9.21	
ADMINISTRATIVE DAYS	1	2	427.77	213.89	.001	427.77	.11	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	10	39	34,902.46	894.93	.010	3490.25	9.10	
ANCILLARIES	11	0	19,297.11	.00	.000	1754.28	5.03	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	390	1,473	40,897.86	27.77	.384	104.87	10.66	
MEDICAL	114	158	6,557.90	41.51	.041	57.53	1.71	
SURGERY	43	72	2,170.85	30.15	.019	50.48	.57	
PATHOLOGY	162	568	5,569.06	9.80	.148	34.38	1.45	
RADIOLOGY	160	216	14,087.81	65.22	.056	88.05	3.67	
ROOM USE	154	193	7,966.21	41.28	.050	51.73	2.08	
CROSSOVERS/ALL OTH OUTPTNT	143	266	4,546.03	17.09	.069	31.79	1.19	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	

MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	3	175	\$ 4,143.94	\$ 23.68	.046	\$ 1381.31	\$ 1.08
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	3	175	4,143.94	23.68	.046	1381.31	1.08
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	717	2,576	\$ 31,082.47	\$ 12.07	.672	\$ 43.35	\$ 8.10
PATHOLOGY	713	2,569	30,546.96	11.89	.670	42.84	7.97
XO AND OTHERS	5	7	535.51	76.50	.002	107.10	.14
@ORGANIZED OUTPATIENT CLINIC	1,021	8,345	\$ 208,403.83	\$ 24.97	2.176	\$ 204.12	\$ 54.34
CLINIC	831	7,682	127,918.28	16.65	2.003	153.93	33.36
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	287	663	80,485.55	121.40	.173	280.44	20.99

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

PAGE 6,332
01/17/03

3,835 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	109	339	\$ 11,978.64	\$ 35.34	.088	\$ 109.90	\$ 3.12
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	27	257	4,152.57	16.16	.067	153.80	1.08
AMBULANCES/AIR TRANS	27	257	4,152.57	16.16	.067	153.80	1.08
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	79	79	7,560.00	95.70	.021	95.70	1.97
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	3	266.07	88.69	.001	88.69	.07
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	3	3	266.07	88.69	.001	88.69	.07
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	22	487	\$ 326,144.15	\$ 669.70	.127	\$ 14824.73	\$ 85.04
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,333
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 64 REFUGEES	AID CODES 01 02 08

81 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	39	223	\$ 9,173.18	\$ 41.14	2.753	\$ 235.21	\$ 113.25
@PHYSICIANS SERVICES	16	31	\$ 2,012.68	\$ 64.93	.383	\$ 125.79	\$ 24.85
OUTPATIENT VISITS	2	2	92.35	46.18	.025	46.18	1.14
OFFICE VISITS	1	1	24.00	24.00	.012	24.00	.30
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.012	68.35	.84
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	2	78.31	39.16	.025	39.16	.97
HOSPITAL VISITS	2	2	78.31	39.16	.025	39.16	.97
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	5	223.04	44.61	.062	55.76	2.75
EXAMINATIONS	4	5	223.04	44.61	.062	55.76	2.75
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2	1,181.72	590.86	.025	590.86	14.59
PRINCIPAL SURGEON	2	2	1,181.72	590.86	.025	590.86	14.59
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	6	7	145.59	20.80	.086	24.27	1.80
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	13	291.67	22.44	.160	291.67	3.60
@PHARMACY	12	17	\$ 945.36	\$ 55.61	.210	\$ 78.78	\$ 11.67
PRESCRIPTION DRUGS	12	16	935.13	58.45	.198	77.93	11.54
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	12	16	935.13	58.45	.198	77.93	11.54
MEDICAL SUPPLIES	1	1	10.23	10.23	.012	10.23	.13
@DENTIST	12	58	\$ 3,426.00	\$ 59.07	.716	\$ 285.50	\$ 42.30
VISITS - DIAGNOSTIC	7	39	423.00	10.85	.481	60.43	5.22
ORAL SURGERY	1	1	40.00CR	40.00CR	.012	40.00CR	.49CR
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	200.00	.00	.000	.00	2.47
ENDODONTICS	2	2	475.00	237.50	.025	237.50	5.86
RESTORATIVE DENTISTRY	7	16	2,368.00	148.00	.198	338.29	29.23
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MARIN COUNTY SUMMARY OF SERVICES FOR 64 REFUGEES AID CODES 01 02 08

81 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	6	17	\$	908.90	\$	53.46	.210	\$	151.48	\$	11.22
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6	17		908.90		53.46	.210		151.48		11.22
MEDICAL	2	3		95.12		31.71	.037		47.56		1.17
SURGERY	2	2		208.21		104.11	.025		104.11		2.57
PATHOLOGY	1	4		51.98		13.00	.049		51.98		.64
RADIOLOGY	3	3		181.85		60.62	.037		60.62		2.25
ROOM USE	3	4		358.67		89.67	.049		119.56		4.43
CROSSOVERS/ALL OTH OUTPTNT	1	1		13.07		13.07	.012		13.07		.16
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
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						----- MONTHLY AVERAGE -----			
81 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	6	17	\$ 908.90	\$ 53.46	.210	\$ 151.48	\$ 11.22		
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00		
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00		
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00		
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00		
ANCILLARIES	0	0	.00	.00	.000	.00	.00		
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
COMM HOSP OUTPATIENT TOTAL	6	17	908.90	53.46	.210	151.48	11.22		
MEDICAL	2	3	95.12	31.71	.037	47.56	1.17		

SURGERY	2	2		208.21	104.11	.025	104.11	2.57
PATHOLOGY	1	4		51.98	13.00	.049	51.98	.64
RADIOLOGY	3	3		181.85	60.62	.037	60.62	2.25
ROOM USE	3	4		358.67	89.67	.049	119.56	4.43
CROSSOVERS/ALL OTH OUTPTNT	1	1		13.07	13.07	.012	13.07	.16
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	73	\$	415.32	5.69	.901	103.83	5.13
PATHOLOGY	4	73		415.32	5.69	.901	103.83	5.13
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	12	21	\$	1,413.76	67.32	.259	117.81	17.45
CLINIC	7	13		431.26	33.17	.160	61.61	5.32
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	5	8		982.50	122.81	.099	196.50	12.13

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MARIN COUNTY SUMMARY OF SERVICES FOR 64 REFUGEES AID CODES 01 02 08

81 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@ALL OTHER PROVIDERS	2	6	\$ 51.16	\$ 8.53	.074	\$ 25.58
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	2	6	51.16	8.53	.074	25.58
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL

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						AID CODES 0M 0N		----- MONTHLY AVERAGE -----	
20 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	58	600	\$ 37,929.76	\$ 63.22	30.000	\$ 653.96	\$ 1896.49		
@PHYSICIANS SERVICES	36	211	\$ 6,414.90	\$ 30.40	10.550	\$ 178.19	\$ 320.75		
OUTPATIENT VISITS	29	48	1,797.58	37.45	2.400	61.99	89.88		
OFFICE VISITS	28	45	1,759.18	39.09	2.250	62.83	87.96		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00		
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00		
OTHER OUTPATIENT	3	3	38.40	12.80	.150	12.80	1.92		
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00		
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00		
CRITICAL CARE	0	0	.00	.00	.000	.00	.00		
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00		
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00		
EXAMINATIONS	0	0	.00	.00	.000	.00	.00		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		
OUTPATIENT SURGERY	3	17	1,712.34	100.73	.850	570.78	85.62		
PRINCIPAL SURGEON	3	7	1,534.27	219.18	.350	511.42	76.71		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	1	10	178.07	17.81	.500	178.07	8.90		
DIALYSIS	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	15	27	272.91	10.11	1.350	18.19	13.65		
RADIOLOGY	10	20	1,808.83	90.44	1.000	180.88	90.44		
PSYCHIATRY	0	0	.00	.00	.000	.00	.00		
IMMUNIZATION AND INJECTION	2	87	449.54	5.17	4.350	224.77	22.48		
OTHER SERVICES/ALL X-OVERS	5	12	373.70	31.14	.600	74.74	18.69		
@PHARMACY	32	83	\$ 6,526.98	\$ 78.64	4.150	\$ 203.97	\$ 326.35		
PRESCRIPTION DRUGS	32	83	6,526.98	78.64	4.150	203.97	326.35		
SNF/ICF	0	0	.00	.00	.000	.00	.00		
OUTPATIENTS	32	83	6,526.98	78.64	4.150	203.97	326.35		

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
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FEE-FOR-SERVICE/DENTAL
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20 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	18	215	\$ 21,568.13	\$ 100.32	10.750	\$ 1198.23	\$ 1078.41	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	18	215	21,568.13	100.32	10.750	1198.23	1078.41	
MEDICAL	11	31	943.99	30.45	1.550	85.82	47.20	
SURGERY	5	5	154.33	30.87	.250	30.87	7.72	
PATHOLOGY	7	13	157.12	12.09	.650	22.45	7.86	
RADIOLOGY	5	10	1,350.01	135.00	.500	270.00	67.50	
ROOM USE	2	3	111.15	37.05	.150	55.58	5.56	

CROSSEOVERS/ALL OTH OUTPTNT	13	153	18,851.53	123.21	7.650	1450.12	942.58
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,339
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL AID CODES 0M 0N

20 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	18	215	\$ 21,568.13	\$ 100.32	10.750	\$ 1198.23	\$ 1078.41
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	18	215	21,568.13	100.32	10.750	1198.23	1078.41
MEDICAL	11	31	943.99	30.45	1.550	85.82	47.20
SURGERY	5	5	154.33	30.87	.250	30.87	7.72
PATHOLOGY	7	13	157.12	12.09	.650	22.45	7.86
RADIOLOGY	5	10	1,350.01	135.00	.500	270.00	67.50
ROOM USE	2	3	111.15	37.05	.150	55.58	5.56
CROSSOVERS/ALL OTH OUTPTNT	13	153	18,851.53	123.21	7.650	1450.12	942.58
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	28	82	\$ 2,710.57	\$ 33.06	4.100	\$ 96.81	\$ 135.53
PATHOLOGY	26	79	2,554.94	32.34	3.950	98.27	127.75
XO AND OTHERS	3	3	155.63	51.88	.150	51.88	7.78
@ORGANIZED OUTPATIENT CLINIC	6	9	\$ 709.18	\$ 78.80	.450	\$ 118.20	\$ 35.46
CLINIC	4	6	351.94	58.66	.300	87.99	17.60
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	3	357.24	119.08	.150	178.62	17.86
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,340
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL						
	AID CODES 0M 0N						
	----- MONTHLY AVERAGE -----						
20 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00			
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00			
OPTICIAN	0	0		.00	.00	.000	.00	.00			
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00			
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00			
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00			
PROSTHETICS	0	0		.00	.00	.000	.00	.00			
ORTHOTICS	0	0		.00	.00	.000	.00	.00			
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00			
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00			
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00			
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00			
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00			
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00			
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00			
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00			
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00			
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00		
@XOVER EXCLUDING STATE HOSP**	1	1	\$	37.50	\$	37.50	.050	\$	37.50	\$	1.88

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,341
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY	

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODES OR OT				----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE			
@TOTAL, ALL PROVIDERS	16	175	\$ 13,996.50	\$ 79.98	21.875	\$ 874.78	\$ 1749.56			
@PHYSICIANS SERVICES	10	28	\$ 1,291.30	\$ 46.12	3.500	\$ 129.13	\$ 161.41			
OUTPATIENT VISITS	8	14	349.56	24.97	1.750	43.70	43.70			
OFFICE VISITS	7	13	325.18	25.01	1.625	46.45	40.65			
HOME VISITS	0	0	.00	.00	.000	.00	.00			
EMERGENCY ROOM	1	1	24.38	24.38	.125	24.38	3.05			
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00			
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00			
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00			
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00			
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00			
CRITICAL CARE	0	0	.00	.00	.000	.00	.00			
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00			
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00			
EXAMINATIONS	0	0	.00	.00	.000	.00	.00			
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00			
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00			
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00			
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00			
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00			
OUTPATIENT SURGERY	2	8	836.01	104.50	1.000	418.01	104.50			
PRINCIPAL SURGEON	1	1	674.61	674.61	.125	674.61	84.33			
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00			
ANESTHESIOLOGIST	1	7	161.40	23.06	.875	161.40	20.18			
DIALYSIS	0	0	.00	.00	.000	.00	.00			
PATHOLOGY	2	3	6.06	2.02	.375	3.03	.76			
RADIOLOGY	2	2	34.55	17.28	.250	17.28	4.32			
PSYCHIATRY	0	0	.00	.00	.000	.00	.00			

IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1		65.12		65.12	.125	65.12	8.14
@PHARMACY	7	13	\$	606.30	\$	46.64	1.625	\$ 86.61	\$ 75.79
PRESCRIPTION DRUGS	7	13		606.30		46.64	1.625	86.61	75.79
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	7	13		606.30		46.64	1.625	86.61	75.79
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
MOP024	FEE-FOR-SERVICE/DENTAL								
MARIN COUNTY	SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY								
					AID CODES OR OT				
					----- MONTHLY AVERAGE -----				
08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00	
OTHER	0	0		.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	2	4	\$	254.71	\$ 63.68	.500	\$ 127.36	\$ 31.84	
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	6	116	\$	11,036.50	\$ 95.14	14.500	\$ 1839.42	\$ 1379.56	
HOSP INPATIENT TOTAL	1	3		4,755.00	1585.00	.375	4755.00	594.38	
HSC HOSPITALS	1	3		4,755.00	1585.00	.375	4755.00	594.38	
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	

HOSP OUTPATIENT TOTAL	5	113		6,281.50		55.59	14.125	1256.30	785.19
MEDICAL	3	6		206.43		34.41	.750	68.81	25.80
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	3	19		224.55		11.82	2.375	74.85	28.07
RADIOLOGY	2	48		3,482.05		72.54	6.000	1741.03	435.26
ROOM USE	1	1		46.45		46.45	.125	46.45	5.81
CROSSOVERS/ALL OTH OUTPTNT	3	39		2,322.02		59.54	4.875	774.01	290.25
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 6,343
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY								AID CODES OR OT

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	6	116	\$ 11,036.50	\$ 95.14	14.500	\$ 1839.42	\$ 1379.56	
COMM HOSP INPATIENT TOTAL	1	3	4,755.00	1585.00	.375	4755.00	594.38	
HSC HOSPITALS	1	3	4,755.00	1585.00	.375	4755.00	594.38	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	5	113	6,281.50	55.59	14.125	1256.30	785.19	
MEDICAL	3	6	206.43	34.41	.750	68.81	25.80	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	3	19	224.55	11.82	2.375	74.85	28.07	
RADIOLOGY	2	48	3,482.05	72.54	6.000	1741.03	435.26	
ROOM USE	1	1	46.45	46.45	.125	46.45	5.81	
CROSSOVERS/ALL OTH OUTPTNT	3	39	2,322.02	59.54	4.875	774.01	290.25	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00 \$
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	6	14	\$	807.69	\$	57.69	1.750	\$ 134.62 \$ 100.96
PATHOLOGY	6	14		807.69		57.69	1.750	134.62 100.96
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00 \$
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
MARIN COUNTY	SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY							

PAGE 6,344
01/17/03

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,345
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL		

28 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	74	775	\$ 51,926.26	\$ 67.00	27.679	\$ 701.71	\$ 1854.51
@PHYSICIANS SERVICES	46	239	\$ 7,706.20	\$ 32.24	8.536	\$ 167.53	\$ 275.22
OUTPATIENT VISITS	37	62	2,147.14	34.63	2.214	58.03	76.68
OFFICE VISITS	35	58	2,084.36	35.94	2.071	59.55	74.44
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	24.38	24.38	.036	24.38	.87
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	38.40	12.80	.107	12.80	1.37
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	5	25	2,548.35	101.93	.893	509.67	91.01
PRINCIPAL SURGEON	4	8	2,208.88	276.11	.286	552.22	78.89

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	17	339.47	19.97	.607	169.74	12.12
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	17	30	278.97	9.30	1.071	16.41	9.96
RADIOLOGY	12	22	1,843.38	83.79	.786	153.62	65.84
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	87	449.54	5.17	3.107	224.77	16.06
OTHER SERVICES/ALL X-OVERS	6	13	438.82	33.76	.464	73.14	15.67
@PHARMACY	39	96	\$ 7,133.28	\$ 74.31	3.429	\$ 182.90	\$ 254.76
PRESCRIPTION DRUGS	39	96	7,133.28	74.31	3.429	182.90	254.76
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	39	96	7,133.28	74.31	3.429	182.90	254.76
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,346
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

28 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000 .00 .00
EYE APPLIANCES	0	0	.00	.00	.000 .00 .00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00 .00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00 .00
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	0	0	.00	.00	.000 .00 .00
@HOME HEALTH AGENCY	2	4	\$ 254.71	\$ 63.68	.143 \$ 127.36 \$ 9.10
NURSE ANESTHESIST	0	0	.00	.00	.000 .00 .00
NURSE MIDWIFE	0	0	.00	.00	.000 .00 .00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000 .00 .00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000 .00 .00
@TOTAL HOSPITAL	24	331	\$ 32,604.63	\$ 98.50	11.821 \$ 1358.53 \$ 1164.45
HOSP INPATIENT TOTAL	1	3	4,755.00	1585.00	.107 4755.00 169.82
HSC HOSPITALS	1	3	4,755.00	1585.00	.107 4755.00 169.82
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	23	328	27,849.63	84.91	11.714	1210.85	994.63
MEDICAL	14	37	1,150.42	31.09	1.321	82.17	41.09
SURGERY	5	5	154.33	30.87	.179	30.87	5.51
PATHOLOGY	10	32	381.67	11.93	1.143	38.17	13.63
RADIOLOGY	7	58	4,832.06	83.31	2.071	690.29	172.57
ROOM USE	3	4	157.60	39.40	.143	52.53	5.63
CROSSOVERS/ALL OTH OUTPTNT	16	192	21,173.55	110.28	6.857	1323.35	756.20
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,347
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

	28 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	24	331	\$	32,604.63	\$ 98.50	11.821	\$ 1358.53	\$ 1164.45
COMM HOSP INPATIENT TOTAL	1	3		4,755.00	1585.00	.107	4755.00	169.82
HSC HOSPITALS	1	3		4,755.00	1585.00	.107	4755.00	169.82
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	23	328		27,849.63	84.91	11.714	1210.85	994.63
MEDICAL	14	37		1,150.42	31.09	1.321	82.17	41.09
SURGERY	5	5		154.33	30.87	.179	30.87	5.51
PATHOLOGY	10	32		381.67	11.93	1.143	38.17	13.63
RADIOLOGY	7	58		4,832.06	83.31	2.071	690.29	172.57
ROOM USE	3	4		157.60	39.40	.143	52.53	5.63
CROSSOVERS/ALL OTH OUTPTNT	16	192		21,173.55	110.28	6.857	1323.35	756.20
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	34	96	\$	3,518.26	\$	36.65	3.429	\$ 103.48	\$ 125.65
PATHOLOGY	32	93		3,362.63		36.16	3.321	105.08	120.09
XO AND OTHERS	3	3		155.63		51.88	.107	51.88	5.56
@ORGANIZED OUTPATIENT CLINIC	6	9	\$	709.18	\$	78.80	.321	\$ 118.20	\$ 25.33
CLINIC	4	6		351.94		58.66	.214	87.99	12.57
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	2	3		357.24		119.08	.107	178.62	12.76

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,348
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

28 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	1	\$	37.50	\$	37.50	.036	\$ 37.50	\$ 1.34

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 6,349

MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

MARIN COUNTY

SUMMARY OF SERVICES FOR 68 QMB - ONLY

AID CODE

68 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6	6	\$ 168.19	\$ 28.03	.088	\$ 28.03	\$ 2.47
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	4	4	\$	.00	\$	.059	\$	.00
VISITS - DIAGNOSTIC	3	3		.00	.00	.044	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1		.00	.00	.015	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 68 QMB - ONLY

PAGE 6,350
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68 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	2	2	\$ 120.30	\$ 60.15	.029	\$ 60.15	\$ 1.77	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	2	2	120.30	60.15	.029	60.15	1.77	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	47.89	\$	.00	.000	\$	.00	\$	.70
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		47.89		.00	.000		.00		.70
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		47.89		.00	.000		.00		.70
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 6,351
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 68 QMB - ONLY										

68 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ 47.89	.00	.000	\$.00	\$.70
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	47.89	.00	.000	.00	.70
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	47.89	.00	.000	.00	.70
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 68 QMB - ONLY

PAGE 6,352
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68 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	2	2	\$	168.19	\$	84.10	\$.029 \$ 84.10 \$ 2.47

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR 69 133% PROGRAM

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2,233 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	759	2,418	\$ 121,973.25	\$ 50.44	1.083	\$ 160.70	\$ 54.62
@PHYSICIANS SERVICES	168	445	\$ 12,422.98	\$ 27.92	.199	\$ 73.95	\$ 5.56
OUTPATIENT VISITS	123	156	5,329.46	34.16	.070	43.33	2.39
OFFICE VISITS	66	91	2,730.20	30.00	.041	41.37	1.22
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	61	64	2,578.32	40.29	.029	42.27	1.15
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	20.94	20.94	.000	20.94	.01
INPATIENT VISITS	3	43	2,487.04	57.84	.019	829.01	1.11
HOSPITAL VISITS	3	43	2,487.04	57.84	.019	829.01	1.11
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4	157.89	39.47	.002	39.47	.07
EXAMINATIONS	4	4	157.89	39.47	.002	39.47	.07
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	3	672.00	224.00	.001	224.00	.30
PRINCIPAL SURGEON	3	3	672.00	224.00	.001	224.00	.30
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	20	174	3,021.96	17.37	.078	151.10	1.35
PRINCIPAL SURGEON	12	14	1,896.43	135.46	.006	158.04	.85
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	160	1,125.53	7.03	.072	140.69	.50
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	7	66.91	9.56	.003	9.56	.03
RADIOLOGY	29	41	442.65	10.80	.018	15.26	.20
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	12	17	245.07	14.42	.008	20.42	.11
@PHARMACY	248	401	\$ 9,951.31	\$ 24.82	.180	\$ 40.13	\$ 4.46
PRESCRIPTION DRUGS	246	389	9,852.76	25.33	.174	40.05	4.41
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	246	389	9,852.76	25.33	.174	40.05	4.41

MEDICAL SUPPLIES	10	12		98.55		8.21	.005	9.86	.04
@DENTIST	102	416	\$	12,183.00	\$	29.29	.186	119.44	5.46
VISITS - DIAGNOSTIC	69	234		3,765.00		16.09	.105	54.57	1.69
ORAL SURGERY	7	11		474.00		43.09	.005	67.71	.21
DRUGS	8	11		251.00		22.82	.005	31.38	.11
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	13	20		1,316.00		65.80	.009	101.23	.59
RESTORATIVE DENTISTRY	44	140		6,377.00		45.55	.063	144.93	2.86
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,354		
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03		
MARIN COUNTY	SUMMARY OF SERVICES FOR 69 133% PROGRAM						AID CODES 72 74 8N		

2,233 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1	\$	47.45	\$ 47.45	.000	\$ 47.45	\$.02
DIAGNOSTIC AND ANC. PROCED	1	1		47.45	47.45	.000	47.45	.02
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	4	\$	299.44	\$ 74.86	.002	\$ 299.44	\$.13
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	102	273	\$	30,570.41	\$ 111.98	.122	\$ 299.71	\$ 13.69
HOSP INPATIENT TOTAL	3	14		21,014.00	1501.00	.006	7004.67	9.41
HSC HOSPITALS	3	14		21,014.00	1501.00	.006	7004.67	9.41
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	99	259		9,556.41	36.90	.116	96.53	4.28
MEDICAL	40	45		2,438.49	54.19	.020	60.96	1.09
SURGERY	7	7		494.87	70.70	.003	70.70	.22
PATHOLOGY	21	59		515.43	8.74	.026	24.54	.23
RADIOLOGY	30	37		1,836.85	49.64	.017	61.23	.82
ROOM USE	48	62		3,204.39	51.68	.028	66.76	1.44
CROSSOVERS/ALL OTH OUTPTNT	34	49		1,066.38	21.76	.022	31.36	.48
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 69 133% PROGRAM AID CODES 72 74 8N

	2,233 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	102	273	\$	30,570.41	\$ 111.98	.122	\$ 299.71	\$ 13.69
COMM HOSP INPATIENT TOTAL	3	14		21,014.00	1501.00	.006	7004.67	9.41
HSC HOSPITALS	3	14		21,014.00	1501.00	.006	7004.67	9.41
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	99	259	9,556.41	36.90	.116	96.53	4.28
MEDICAL	40	45	2,438.49	54.19	.020	60.96	1.09
SURGERY	7	7	494.87	70.70	.003	70.70	.22
PATHOLOGY	21	59	515.43	8.74	.026	24.54	.23
RADIOLOGY	30	37	1,836.85	49.64	.017	61.23	.82
ROOM USE	48	62	3,204.39	51.68	.028	66.76	1.44
CROSSOVERS/ALL OTH OUTPTNT	34	49	1,066.38	21.76	.022	31.36	.48
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	3	\$ 63.57	\$ 21.19	.001	\$ 63.57	\$.03
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	1	3	63.57	21.19	.001	63.57	.03
@LABORATORY FACILITY	44	68	\$ 838.89	\$ 12.34	.030	\$ 19.07	\$.38
PATHOLOGY	44	67	801.63	11.96	.030	18.22	.36
XO AND OTHERS	1	1	37.26	37.26	.000	37.26	.02
@ORGANIZED OUTPATIENT CLINIC	300	422	\$ 50,684.74	\$ 120.11	.189	\$ 168.95	\$ 22.70
CLINIC	6	7	242.44	34.63	.003	40.41	.11
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	296	415	50,442.30	121.55	.186	170.41	22.59
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
MOP024	FEE-FOR-SERVICE/DENTAL						
MARIN COUNTY	SUMMARY OF SERVICES FOR 69 133% PROGRAM						
AID CODES 72 74 8N							PAGE 6,356
----- MONTHLY AVERAGE -----							01/17/03

2,233 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	33	385	\$ 4,911.46	\$ 12.76	.172	\$ 148.83	\$ 2.20
DURABLE MED. EQUIP.	1	1	20.23	20.23	.000	20.23	.01
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	16	407.08	25.44	.007	135.69	.18
AMBULANCES/AIR TRANS	3	16	407.08	25.44	.007	135.69	.18
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	6	74.99	12.50	.003	37.50	.03
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	5	1,006.43	201.29	.002	503.22	.45
PROSTHETICS	2	5	1,006.43	201.29	.002	503.22	.45
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	132.10	66.05	.001	132.10	.06
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	24	355	3,270.63	9.21	.159	136.28	1.46
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	14	76	\$ 22,172.24	\$ 291.74	.034	\$ 1583.73	\$ 9.93
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,357
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM	AID CODES 7A 7C 8R	

1,203 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	258	964	\$ 46,090.46	\$ 47.81	.801	\$ 178.65	\$ 38.31
@PHYSICIANS SERVICES	82	194	\$ 6,147.86	\$ 31.69	.161	\$ 74.97	\$ 5.11
OUTPATIENT VISITS	52	58	1,966.14	33.90	.048	37.81	1.63
OFFICE VISITS	30	34	1,113.11	32.74	.028	37.10	.93
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	20	21	778.42	37.07	.017	38.92	.65
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	74.61	24.87	.002	24.87	.06
INPATIENT VISITS	1	2	133.83	66.92	.002	133.83	.11
HOSPITAL VISITS	1	2	133.83	66.92	.002	133.83	.11
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	6	1,187.54	197.92	.005	395.85	.99
PRINCIPAL SURGEON	2	2	1,088.56	544.28	.002	544.28	.90
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4	98.98	24.75	.003	98.98	.08
OUTPATIENT SURGERY	9	29	1,249.63	43.09	.024	138.85	1.04
PRINCIPAL SURGEON	8	10	831.57	83.16	.008	103.95	.69
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	19	418.06	22.00	.016	139.35	.35
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	15	119.78	7.99	.012	19.96	.10
RADIOLOGY	21	35	807.76	23.08	.029	38.46	.67
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	14	49		683.18		13.94	.041	48.80	.57
@PHARMACY	76	163	\$	11,973.28	\$	73.46	.135	\$ 157.54	\$ 9.95
PRESCRIPTION DRUGS	76	158		11,743.18		74.32	.131	154.52	9.76
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	76	158		11,743.18		74.32	.131	154.52	9.76
MEDICAL SUPPLIES	3	5		230.10		46.02	.004	76.70	.19
@DENTIST	51	160	\$	4,569.00	\$	28.56	.133	\$ 89.59	\$ 3.80
VISITS - DIAGNOSTIC	43	116		2,319.00		19.99	.096	53.93	1.93
ORAL SURGERY	7	13		702.00		54.00	.011	100.29	.58
DRUGS	1	1		25.00		25.00	.001	25.00	.02
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	2	3		202.00		67.33	.002	101.00	.17
RESTORATIVE DENTISTRY	14	25		1,151.00		46.04	.021	82.21	.96
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	1	1		120.00		120.00	.001	120.00	.10
MAXILLOFACIAL SERVICES	1	1		50.00		50.00	.001	50.00	.04
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
MOP024	FEE-FOR-SERVICE/DENTAL								
MARIN COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM								
					AID CODES 7A 7C 8R				

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1,203 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	10	\$ 275.50	\$ 27.55	.008	\$ 68.88	\$.23
DIAGNOSTIC AND ANC. PROCED	4	4	189.80	47.45	.003	47.45	.16
EYE APPLIANCES	2	6	85.70	14.28	.005	42.85	.07
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 51.05	\$ 25.53	.002	\$ 25.53	\$.04
MEDICINE/INJECTIONS	2	2	51.05	25.53	.002	25.53	.04
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	2	\$ 104.99	\$ 52.50	.002	\$ 104.99	\$.09
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	35	147	\$ 11,987.98	\$ 81.55	.122	\$ 342.51	\$ 9.97
HOSP INPATIENT TOTAL	3	7	8,281.02	1183.00	.006	2760.34	6.88
HSC HOSPITALS	3	7	8,281.02	1183.00	.006	2760.34	6.88
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	33	140		3,706.96	26.48	.116	112.33	3.08
MEDICAL	14	14		546.23	39.02	.012	39.02	.45
SURGERY	6	7		181.29	25.90	.006	30.22	.15
PATHOLOGY	10	37		551.84	14.91	.031	55.18	.46
RADIOLOGY	11	13		559.07	43.01	.011	50.82	.46
ROOM USE	17	21		881.91	42.00	.017	51.88	.73
CROSSEOVERS/ALL OTH OUTPTNT	18	48		986.62	20.55	.040	54.81	.82
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 6,359
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM							AID CODES 7A 7C 8R
1,203 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	35	147	\$	11,987.98	\$ 81.55	.122	\$ 342.51	\$ 9.97

COMM HOSP INPATIENT TOTAL	3	7		8,281.02	1183.00	.006	2760.34	6.88
HSC HOSPITALS	3	7		8,281.02	1183.00	.006	2760.34	6.88
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	33	140		3,706.96	26.48	.116	112.33	3.08
MEDICAL	14	14		546.23	39.02	.012	39.02	.45
SURGERY	6	7		181.29	25.90	.006	30.22	.15
PATHOLOGY	10	37		551.84	14.91	.031	55.18	.46
RADIOLOGY	11	13		559.07	43.01	.011	50.82	.46
ROOM USE	17	21		881.91	42.00	.017	51.88	.73
CROSSOVERS/ALL OTH OUTPTNT	18	48		986.62	20.55	.040	54.81	.82
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	16	47	\$	622.89	\$ 13.25	.039	\$ 38.93	\$.52
PATHOLOGY	16	47		622.89	13.25	.039	38.93	.52
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	48	106	\$	7,071.87	\$ 66.72	.088	\$ 147.33	\$ 5.88
CLINIC	11	57		1,117.46	19.60	.047	101.59	.93
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	38	49		5,954.41	121.52	.041	156.70	4.95
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
MARIN COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM							
				AID CODES 7A 7C 8R				
				----- MONTHLY AVERAGE -----				
1,203 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	20	133	\$	3,286.04	\$ 24.71	.111	\$ 164.30	\$ 2.73
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	24		2,243.78	93.49	.020	1121.89	1.87

AMBULANCES/AIR TRANS	2	23	443.78	19.29	.019	221.89	.37
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.001	1800.00	1.50
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	13	127.29	9.79	.011	25.46	.11
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	13	96	914.97	9.53	.080	70.38	.76
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	2	4	\$ 3,611.32	\$ 902.83	.003	\$ 1805.66	\$ 3.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,361
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,790	13,866	\$ 353,189.76	\$ 25.47	.000	\$ 197.31	\$.00
@PHYSICIANS SERVICES	270	407	\$ 17,911.65	\$ 44.01	.000	\$ 66.34	\$.00
OUTPATIENT VISITS	1	15	426.05	28.40	.000	426.05	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	15	426.05	28.40	.000	426.05	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	10	48	1,864.51	38.84	.000	186.45	.00
PRINCIPAL SURGEON	3	3	505.95	168.65	.000	168.65	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	7	45	1,358.56	30.19	.000	194.08	.00
OUTPATIENT SURGERY	47	74	3,632.80	49.09	.000	77.29	.00
PRINCIPAL SURGEON	41	53	3,012.32	56.84	.000	73.47	.00

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	21	620.48	29.55	.000	103.41	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	3.63	3.63	.000	3.63	.00
RADIOLOGY	229	241	11,346.26	47.08	.000	49.55	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	18	28	638.40	22.80	.000	35.47	.00
@PHARMACY	226	353	\$ 9,854.11	\$ 27.92	.000	\$ 43.60	\$.00
PRESCRIPTION DRUGS	198	289	3,827.05	13.24	.000	19.33	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	198	289	3,827.05	13.24	.000	19.33	.00
MEDICAL SUPPLIES	29	64	6,027.06	94.17	.000	207.83	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

PAGE 6,362 01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	80	129	\$ 4,853.00	\$ 37.62	.000	\$ 60.66	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	80	129	4,853.00	37.62	.000	60.66	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	16	25	1,017.35	40.69	.000	63.58	.00
PATHOLOGY	31	39	655.26	16.80	.000	21.14	.00
RADIOLOGY	34	41	2,389.29	58.28	.000	70.27	.00
ROOM USE	22	24	791.10	32.96	.000	35.96	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	1	1	\$ 33.42	\$ 33.42	.000	\$ 33.42	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	33.42	33.42	.000	33.42	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	33.42	33.42	.000	33.42	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,363
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MARIN COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	79	128	\$ 4,819.58	\$ 37.65	.000	\$ 61.01	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	79	128	4,819.58	37.65	.000	61.01	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	16	25	1,017.35	40.69	.000	63.58	.00
PATHOLOGY	31	39	655.26	16.80	.000	21.14	.00
RADIOLOGY	34	41	2,389.29	58.28	.000	70.27	.00
ROOM USE	21	23	757.68	32.94	.000	36.08	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00 \$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00 \$
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	797	1,960	\$	58,059.65	\$	29.62	.000 \$	72.85 \$
PATHOLOGY	797	1,960		58,059.65		29.62	.000	72.85
XO AND OTHERS	0	0		.00		.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	1,180	10,863	\$	246,437.35	\$	22.69	.000 \$	208.85 \$
CLINIC	1,172	10,848		244,176.44		22.51	.000	208.34
SURGICENTER	0	0		.00		.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00
RURAL HEALTH CLINIC	12	15		2,260.91		150.73	.000	188.41

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,364
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 MARIN COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

						----- MONTHLY AVERAGE -----	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	149	154	\$	16,074.00	\$ 104.38	.000	\$ 107.88	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	149	154		16,074.00	104.38	.000	107.88	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,365
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0	.00	.00	.000	.00	.00
OFFICE VISITS	0		0	.00	.00	.000	.00	.00
HOME VISITS	0		0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0	.00	.00	.000	.00	.00
INPATIENT VISITS	0		0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0	.00	.00	.000	.00	.00
CRITICAL CARE	0		0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0	.00	.00	.000	.00	.00
EXAMINATIONS	0		0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MARIN COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 6,367
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						----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
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MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

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189 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	162	984	\$ 57,507.73	\$ 58.44	5.206	\$ 354.99	\$ 304.27
@PHYSICIANS SERVICES	51	96	\$ 10,811.07	\$ 112.62	.508	\$ 211.98	\$ 57.20
OUTPATIENT VISITS	11	12	799.77	66.65	.063	72.71	4.23
OFFICE VISITS	3	4	228.41	57.10	.021	76.14	1.21
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6	6	333.18	55.53	.032	55.53	1.76
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	2	238.18	119.09	.011	119.09	1.26
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00

HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	7	4,920.70	702.96	.037	702.96	26.04
PRINCIPAL SURGEON	7	7	4,898.52	699.79	.037	699.79	25.92
ASSISTANT SURGEON	0	0	22.18	.00	.000	.00	.12
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	26	36	3,681.40	102.26	.190	141.59	19.48
PRINCIPAL SURGEON	25	33	3,602.05	109.15	.175	144.08	19.06
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	3	79.35	26.45	.016	39.68	.42
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	8	83.34	10.42	.042	41.67	.44
RADIOLOGY	15	16	766.00	47.88	.085	51.07	4.05
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	5	36.79	7.36	.026	36.79	.19
OTHER SERVICES/ALL X-OVERS	5	12	523.07	43.59	.063	104.61	2.77
@PHARMACY	15	31	\$ 1,819.40	\$ 58.69	.164	\$ 121.29	\$ 9.63
PRESCRIPTION DRUGS	14	23	1,023.68	44.51	.122	73.12	5.42
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	14	23	1,023.68	44.51	.122	73.12	5.42
MEDICAL SUPPLIES	3	8	795.72	99.47	.042	265.24	4.21
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

PAGE 6,370 01/17/03

189 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	5	9	\$	450.09	\$ 50.01	.048	\$ 90.02	\$ 2.38
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	18	76	\$	21,308.56	\$ 280.38	.402	\$ 1183.81	\$ 112.74
HOSP INPATIENT TOTAL	6	14		19,446.10	1389.01	.074	3241.02	102.89
HSC HOSPITALS	6	14		19,446.10	1389.01	.074	3241.02	102.89
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	15	62		1,862.46	30.04	.328	124.16	9.85
MEDICAL	3	4		185.25	46.31	.021	61.75	.98
SURGERY	6	9		288.07	32.01	.048	48.01	1.52
PATHOLOGY	7	21		311.88	14.85	.111	44.55	1.65
RADIOLOGY	2	9		447.16	49.68	.048	223.58	2.37
ROOM USE	3	6		476.85	79.48	.032	158.95	2.52
CROSSOVERS/ALL OTH OUTPTNT	8	13		153.25	11.79	.069	19.16	.81
@COUNTY HOSPITAL TOTAL	3	16	\$	567.35	\$ 35.46	.085	\$ 189.12	\$ 3.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	16		567.35	35.46	.085	189.12	3.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	2	2		63.17	31.59	.011	31.59	.33
PATHOLOGY	1	6		177.43	29.57	.032	177.43	.94
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	3		274.50	91.50	.016	274.50	1.45
CROSSOVERS/ALL OTH OUTPTNT	3	5		52.25	10.45	.026	17.42	.28
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
MARIN COUNTY	SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R							

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189 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	15	60	\$ 20,741.21	\$ 345.69	.317	\$ 1382.75	\$ 109.74	
COMM HOSP INPATIENT TOTAL	6	14	19,446.10	1389.01	.074	3241.02	102.89	
HSC HOSPITALS	6	14	19,446.10	1389.01	.074	3241.02	102.89	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	

ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	12	46		1,295.11	28.15	.243	107.93	6.85
MEDICAL	3	4		185.25	46.31	.021	61.75	.98
SURGERY	4	7		224.90	32.13	.037	56.23	1.19
PATHOLOGY	6	15		134.45	8.96	.079	22.41	.71
RADIOLOGY	2	9		447.16	49.68	.048	223.58	2.37
ROOM USE	2	3		202.35	67.45	.016	101.18	1.07
CROSSOVERS/ALL OTH OUTPTNT	5	8		101.00	12.63	.042	20.20	.53
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	57	102	\$	3,190.62	31.28	.540	55.98	16.88
PATHOLOGY	57	102		3,190.62	31.28	.540	55.98	16.88
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	94	666	\$	19,557.99	29.37	3.524	208.06	103.48
CLINIC	84	598		15,923.21	26.63	3.164	189.56	84.25
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	3	42		497.50	11.85	.222	165.83	2.63
RURAL HEALTH CLINIC	13	26		3,137.28	120.66	.138	241.33	16.60

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

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189 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	4	\$ 370.00	\$ 92.50	.021	\$ 92.50	\$ 1.96
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	4	4	370.00	92.50	.021	92.50	1.96

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.000	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,373
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 74 FOR FUTURE USE		

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 6,375
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 74 FOR FUTURE USE										

						----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00		

COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	\$	.000	\$	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	\$	.000	\$	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	\$	.000	\$	\$
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	\$	.000	\$	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	\$	.000	\$	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	\$	.000	\$	\$
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	\$	.000	\$	\$
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

PAGE 6,376 01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	\$	.000	\$	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,377
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC	AID CODES 6N	

257 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	80	651	\$ 33,289.77	\$ 51.14	2.533	\$ 416.12	\$ 129.53
@PHYSICIANS SERVICES	26	55	\$ 3,322.05	\$ 60.40	.214	\$ 127.77	\$ 12.93
OUTPATIENT VISITS	13	15	568.46	37.90	.058	43.73	2.21
OFFICE VISITS	4	4	88.20	22.05	.016	22.05	.34
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	9	11	480.26	43.66	.043	53.36	1.87
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	3	176.01	58.67	.012	88.01	.68
HOSPITAL VISITS	2	3	176.01	58.67	.012	88.01	.68
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	14	1,541.05	110.08	.054	770.53	6.00
PRINCIPAL SURGEON	1	1	1,059.94	1059.94	.004	1059.94	4.12
ASSISTANT SURGEON	1	1	211.84	211.84	.004	211.84	.82
ANESTHESIOLOGIST	1	12	269.27	22.44	.047	269.27	1.05
OUTPATIENT SURGERY	4	4	659.37	164.84	.016	164.84	2.57
PRINCIPAL SURGEON	4	4	659.37	164.84	.016	164.84	2.57

ASSISTANT SURGEON	0	0		.00		.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.000	.00	.00
DIALYSIS	0	0		.00		.000	.00	.00
PATHOLOGY	2	4		46.86	11.72	.016	23.43	.18
RADIOLOGY	10	12		267.52	22.29	.047	26.75	1.04
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		8.02	8.02	.004	8.02	.03
OTHER SERVICES/ALL X-OVERS	2	2		54.76	27.38	.008	27.38	.21
@PHARMACY	59	398	\$	8,802.02	\$ 22.12	1.549	\$ 149.19	\$ 34.25
PRESCRIPTION DRUGS	56	152		8,484.40	55.82	.591	151.51	33.01
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	56	152		8,484.40	55.82	.591	151.51	33.01
MEDICAL SUPPLIES	6	246		317.62	1.29	.957	52.94	1.24
@DENTIST	5	12	\$	297.00	\$ 24.75	.047	\$ 59.40	\$ 1.16
VISITS - DIAGNOSTIC	3	10		187.00	18.70	.039	62.33	.73
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	2	2		110.00	55.00	.008	55.00	.43
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC

AID CODES 6N

PAGE 6,378 01/17/03

257 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	5	\$ 148.01	\$ 29.60	.019	\$ 74.01	\$.58
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.008	47.45	.37
EYE APPLIANCES	1	3	53.11	17.70	.012	53.11	.21
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	4	20	\$ 1,407.74	\$ 70.39	.078	\$ 351.94	\$ 5.48
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	13	79	\$ 14,684.14	\$ 185.88	.307	\$ 1129.55	\$ 57.14
HOSP INPATIENT TOTAL	3	16	13,016.24	813.52	.062	4338.75	50.65
HSC HOSPITALS	3	10	11,122.00	1112.20	.039	3707.33	43.28
NON-HSC HOSPITAL TOTAL	1	6	1,894.24	315.71	.023	1894.24	7.37
ACCOMMODATIONS	1	6	1,387.80	231.30	.023	1387.80	5.40

ADMINISTRATIVE DAYS	1	6	1,387.80	231.30	.023	1387.80	5.40
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	506.44	.00	.000	506.44	1.97
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	11	63	1,667.90	26.47	.245	151.63	6.49
MEDICAL	4	10	344.78	34.48	.039	86.20	1.34
SURGERY	1	1	45.40	45.40	.004	45.40	.18
PATHOLOGY	3	25	264.61	10.58	.097	88.20	1.03
RADIOLOGY	6	8	395.66	49.46	.031	65.94	1.54
ROOM USE	6	8	452.47	56.56	.031	75.41	1.76
CROSSOVERS/ALL OTH OUTPTNT	5	11	164.98	15.00	.043	33.00	.64
@COUNTY HOSPITAL TOTAL	0	0	\$ 72.33	\$.00	.000	\$.00	\$.28
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	72.33	.00	.000	.00	.28
MEDICAL	0	0	72.33	.00	.000	.00	.28
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,379

257 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	79	\$ 14,611.81	\$ 184.96	.307	\$ 1123.99	\$ 56.86
COMM HOSP INPATIENT TOTAL	3	16	13,016.24	813.52	.062	4338.75	50.65
HSC HOSPITALS	3	10	11,122.00	1112.20	.039	3707.33	43.28
NON-HSC HOSPITALS TOTAL	1	6	1,894.24	315.71	.023	1894.24	7.37
ACCOMMODATIONS	1	6	1,387.80	231.30	.023	1387.80	5.40
ADMINISTRATIVE DAYS	1	6	1,387.80	231.30	.023	1387.80	5.40
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	506.44	.00	.000	506.44	1.97
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11	63	1,595.57	25.33	.245	145.05	6.21
MEDICAL	4	10	272.45	27.25	.039	68.11	1.06
SURGERY	1	1	45.40	45.40	.004	45.40	.18
PATHOLOGY	3	25	264.61	10.58	.097	88.20	1.03
RADIOLOGY	6	8	395.66	49.46	.031	65.94	1.54
ROOM USE	6	8	452.47	56.56	.031	75.41	1.76
CROSSOVERS/ALL OTH OUTPTNT	5	11	164.98	15.00	.043	33.00	.64
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	22	\$ 279.25	\$ 12.69	.086	\$ 55.85	\$ 1.09
PATHOLOGY	5	22	279.25	12.69	.086	55.85	1.09
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	22	35	\$ 3,733.64	\$ 106.68	.136	\$ 169.71	\$ 14.53
CLINIC	2	5	134.24	26.85	.019	67.12	.52
SURGICENTER	1	3	119.42	39.81	.012	119.42	.46
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	21	27	3,479.98	128.89	.105	165.71	13.54

257 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
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		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	7	25	\$	615.92	\$ 24.64	.097	\$ 87.99	\$ 2.40
DURABLE MED. EQUIP.	2	3		187.14	62.38	.012	93.57	.73
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	12		290.75	24.23	.047	145.38	1.13
AMBULANCES/AIR TRANS	2	12		290.75	24.23	.047	145.38	1.13
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	4	10		138.03	13.80	.039	34.51	.54
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	32	\$	103.20	\$ 3.23	.125	\$ 103.20	\$.40

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,381
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

150,467 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	82,790	1,705,811	\$ 63,695,534.38	\$ 37.34	11.337	\$ 769.36	\$ 423.32
@PHYSICIANS SERVICES	21,661	58,970	\$ 2,646,401.58	\$ 44.88	.392	\$ 122.17	\$ 17.59
OUTPATIENT VISITS	10,903	14,543	568,870.72	39.12	.097	52.18	3.78
OFFICE VISITS	6,254	8,260	268,284.33	32.48	.055	42.90	1.78
HOME VISITS	103	119	4,558.74	38.31	.001	44.26	.03
EMERGENCY ROOM	4,767	5,542	270,628.79	48.83	.037	56.77	1.80
PREVENTIVE CARE	16	16	729.35	45.58	.000	45.58	.00
OB VISITS/COMPRI PERI	98	231	13,068.74	56.57	.002	133.35	.09
OTHER OUTPATIENT	334	375	11,600.77	30.94	.002	34.73	.08
INPATIENT VISITS	1,446	6,006	342,575.01	57.04	.040	236.91	2.28
HOSPITAL VISITS	1,148	4,878	226,026.74	46.34	.032	196.89	1.50
CRITICAL CARE	121	675	100,652.17	149.11	.004	831.84	.67
SNF/ICF/TRANS IP CARE	307	453	15,896.10	35.09	.003	51.78	.11
OPHTHALMOLOGICAL SERVICES	451	534	23,275.98	43.59	.004	51.61	.15
EXAMINATIONS	451	534	23,275.98	43.59	.004	51.61	.15
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	1,348	5,770		638,470.35	110.65	.038	473.64	4.24
PRINCIPAL SURGEON	989	1,196		517,287.69	432.51	.008	523.04	3.44
ASSISTANT SURGEON	63	64		11,730.30	183.29	.000	186.20	.08
ANESTHESIOLOGIST	419	4,510		109,452.36	24.27	.030	261.22	.73
OUTPATIENT SURGERY	1,771	4,379		246,279.20	56.24	.029	139.06	1.64
PRINCIPAL SURGEON	1,516	2,102		199,897.28	95.10	.014	131.86	1.33
ASSISTANT SURGEON	4	4		531.39	132.85	.000	132.85	.00
ANESTHESIOLOGIST	318	2,273		45,850.53	20.17	.015	144.18	.30
DIALYSIS	42	212		16,163.72	76.24	.001	384.85	.11
PATHOLOGY	1,127	2,510		25,558.77	10.18	.017	22.68	.17
RADIOLOGY	5,082	7,718		292,048.32	37.84	.051	57.47	1.94
PSYCHIATRY	14	27		756.60	28.02	.000	54.04	.01
IMMUNIZATION AND INJECTION	256	695		63,184.71	90.91	.005	246.82	.42
OTHER SERVICES/ALL X-OVERS	6,665	16,576		429,218.20	25.89	.110	64.40	2.85
@PHARMACY	50,879	340,584	\$	20,150,741.03	\$ 59.17	2.264	\$ 396.05	\$ 133.92
PRESCRIPTION DRUGS	50,085	182,321		16,818,059.70	92.24	1.212	335.79	111.77
SNF/ICF	4,592	26,735		2,051,913.46	76.75	.178	446.85	13.64
OUTPATIENTS	45,781	155,586		14,766,146.24	94.91	1.034	322.54	98.14
MEDICAL SUPPLIES	3,497	158,263		3,332,681.33	21.06	1.052	953.01	22.15
@DENTIST	8,506	29,437	\$	1,147,428.72	\$ 38.98	.196	\$ 134.90	\$ 7.63
VISITS - DIAGNOSTIC	6,129	19,227		332,131.79	17.27	.128	54.19	2.21
ORAL SURGERY	895	1,717		88,231.68	51.39	.011	98.58	.59
DRUGS	127	144		2,829.50	19.65	.001	22.28	.02
ANESTHESIA	31	31		2,900.00	93.55	.000	93.55	.02
PERIODONTICS	307	413		68,232.50	165.21	.003	222.26	.45
ENDODONTICS	442	608		98,316.25	161.70	.004	222.43	.65
RESTORATIVE DENTISTRY	2,606	5,950		422,348.00	70.98	.040	162.07	2.81
PROSTHETICS	81	99		4,920.00	49.70	.001	60.74	.03
DENTURES, STAYPLATES	395	1,011		114,718.03	113.47	.007	290.43	.76
SPACE MAINTAINERS	18	19		1,880.00	98.95	.000	104.44	.01
MAXILLOFACIAL SERVICES	17	20		1,444.20	72.21	.000	84.95	.01
FRACTURES, DISLOCATIONS	3	3		105.00	35.00	.000	35.00	.00
ORTHODONTIC SERVICES	95	115		9,067.27	78.85	.001	95.44	.06
ALL OTHER SERVICES	51	80		304.50	3.81	.001	5.97	.00

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150,467 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	816	1,952	\$ 52,786.69	\$ 27.04	.013	\$ 64.69	\$.35
DIAGNOSTIC AND ANC. PROCED	599	608	28,253.84	46.47	.004	47.17	.19
EYE APPLIANCES	422	1,290	22,376.28	17.35	.009	53.02	.15
OTHER OPTOMETRIC SERVICES	43	54	2,156.57	39.94	.000	50.15	.01
@CHIROPRACTOR	25	48	\$ 746.46	\$ 15.55	.000	\$ 29.86	\$.00
VISITS	23	44	735.68	16.72	.000	31.99	.00
OTHER SERVICES	2	4	10.78	2.70	.000	5.39	.00
@PODIATRIST	932	1,365	\$ 20,857.84	\$ 15.28	.009	\$ 22.38	\$.14
MEDICINE/INJECTIONS	294	341	9,002.97	26.40	.002	30.62	.06
SURGERY/ANES.	35	41	1,234.99	30.12	.000	35.29	.01
RADIO./PATHOLOGY	10	17	297.54	17.50	.000	29.75	.00
OTHER	651	966	10,322.34	10.69	.006	15.86	.07
@HOME HEALTH AGENCY	707	9,904	\$ 327,517.12	\$ 33.07	.066	\$ 463.25	\$ 2.18
NURSE ANESTHESIST	1	15	\$ 248.54	\$ 16.57	.000	\$ 248.54	\$.00
NURSE MIDWIFE	20	267	\$ 4,767.31	\$ 17.86	.002	\$ 238.37	\$.03
PEDIATRIC NURSE PRACTITIONER	0	0	\$ 6.38	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	17	49	\$	476.47	\$	9.72	.000	\$	28.03	\$	.00
@TOTAL HOSPITAL	13,646	63,935	\$	11,939,202.85	\$	186.74	.425	\$	874.92	\$	79.35
HOSP INPATIENT TOTAL	1,866	10,223		10,225,272.96		1000.22	.068		5479.78		67.96
HSC HOSPITALS	1,426	6,445		8,868,694.14		1376.06	.043		6219.28		58.94
NON-HSC HOSPITAL TOTAL	136	604		951,359.60		1575.10	.004		6995.29		6.32
ACCOMMODATIONS	135	604		362,547.92		600.24	.004		2685.54		2.41
ADMINISTRATIVE DAYS	44	247		53,086.29		214.92	.002		1206.51		.35
TRANSITIONAL IP CARE	0	0		200.96		.00	.000		.00		.00
ALL OTHER ACCOM	93	357		309,260.67		866.28	.002		3325.38		2.06
ANCILLARIES	135	0		588,811.68		.00	.000		4361.57		3.91
INPATIENT CROSSOVERS	342	3,174		405,219.22		127.67	.021		1184.85		2.69
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	12,396	53,712		1,713,929.89		31.91	.357		138.26		11.39
MEDICAL	4,154	6,240		236,543.45		37.91	.041		56.94		1.57
SURGERY	928	1,305		68,944.03		52.83	.009		74.29		.46
PATHOLOGY	3,322	14,777		166,661.08		11.28	.098		50.17		1.11
RADIOLOGY	3,107	4,287		343,789.28		80.19	.028		110.65		2.28
ROOM USE	4,766	6,583		290,622.97		44.15	.044		60.98		1.93
CROSSOVERS/ALL OTH OUTPTNT	6,191	20,520		607,369.08		29.60	.136		98.11		4.04
@COUNTY HOSPITAL TOTAL	193	1,014	\$	95,339.36	\$	94.02	.007	\$	493.99	\$	.63
CO HOSPITAL INPATIENT TOTAL	20	139		70,049.97		503.96	.001		3502.50		.47
HSC HOSPITALS	17	57		61,821.05		1084.58	.000		3636.53		.41
NON-HSC HOSPITALS TOTAL	1	15		5,812.92		387.53	.000		5812.92		.04
ACCOMMODATIONS	1	15		3,621.48		241.43	.000		3621.48		.02
ADMINISTRATIVE DAYS	1	15		3,571.54		238.10	.000		3571.54		.02
TRANSITIONAL IP CARE	0	0		49.94		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0		2,191.44		.00	.000		2191.44		.01
INPATIENT CROSSOVERS	3	67		2,416.00		36.06	.000		805.33		.02
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	177	875		25,289.39		28.90	.006		142.88		.17
MEDICAL	58	72		2,322.67		32.26	.000		40.05		.02
SURGERY	37	49		1,398.83		28.55	.000		37.81		.01
PATHOLOGY	81	365		6,460.11		17.70	.002		79.75		.04
RADIOLOGY	32	52		4,081.48		78.49	.000		127.55		.03
ROOM USE	113	169		8,437.38		49.93	.001		74.67		.06
CROSSOVERS/ALL OTH OUTPTNT	74	168		2,588.92		15.41	.001		34.99		.02

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					----- MONTHLY AVERAGE -----			
150,467 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	13,479	62,921	\$ 11,843,863.49	\$ 188.23	.418	\$ 878.69	\$ 78.71	
COMM HOSP INPATIENT TOTAL	1,847	10,084	10,155,222.99	1007.06	.067	5498.23	67.49	
HSC HOSPITALS	1,410	6,388	8,806,873.09	1378.66	.042	6246.01	58.53	
NON-HSC HOSPITALS TOTAL	135	589	945,546.68	1605.34	.004	7004.05	6.28	
ACCOMMODATIONS	134	589	358,926.44	609.38	.004	2678.56	2.39	
ADMINISTRATIVE DAYS	43	232	49,514.75	213.43	.002	1151.51	.33	
TRANSITIONAL IP CARE	0	0	151.02	.00	.000	.00	.00	
ALL OTHER ACCOM	93	357	309,260.67	866.28	.002	3325.38	2.06	
ANCILLARIES	134	0	586,620.24	.00	.000	4377.76	3.90	
INPATIENT CROSSOVERS	339	3,107	402,803.22	129.64	.021	1188.21	2.68	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	12,245	52,837	1,688,640.50	31.96	.351	137.90	11.22	
MEDICAL	4,102	6,168	234,220.78	37.97	.041	57.10	1.56	

SURGERY	892	1,256		67,545.20		53.78	.008	75.72	.45
PATHOLOGY	3,245	14,412		160,200.97		11.12	.096	49.37	1.06
RADIOLOGY	3,080	4,235		339,707.80		80.21	.028	110.29	2.26
ROOM USE	4,666	6,414		282,185.59		44.00	.043	60.48	1.88
CROSSOVERS/ALL OTH OUTPTNT	6,123	20,352		604,780.16		29.72	.135	98.77	4.02
@STATE HOSPITAL	3	42	\$	22,860.26	\$	544.29	.000	\$ 7620.09	\$.15
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	3	42		22,860.26		544.29	.000	7620.09	.15
@NURSING FACILITY	4,770	158,891	\$	17,266,807.35	\$	108.67	1.056	\$ 3619.88	\$ 114.75
LEV A-INTERMEDIATE	18	713		40,005.25		56.11	.005	2222.51	.27
LEV B-REHAB MD	207	8,209		916,497.79		111.65	.055	4427.53	6.09
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	28	910		446,615.95		490.79	.006	15950.57	2.97
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	4,524	149,059		15,863,688.36		106.43	.991	3506.56	105.43
@INTERMEDIATE CARE FACIL.-DD	672	21,883	\$	2,993,105.29	\$	136.78	.145	\$ 4454.03	\$ 19.89
ICF DDH	672	21,883		2,993,105.29		136.78	.145	4454.03	19.89
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	233	3,435	\$	224,242.21	\$	65.28	.023	\$ 962.41	\$ 1.49
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	233	3,435		224,242.21		65.28	.023	962.41	1.49
@REHABILITATION FACILITY	144	1,358	\$	21,243.95	\$	15.64	.009	\$ 147.53	\$.14
HOSPITAL BASED	16	45		1,455.92		32.35	.000	91.00	.01
INDEPENDENT FACILITY	128	1,313		19,788.03		15.07	.009	154.59	.13
@LABORATORY FACILITY	9,116	38,043	\$	508,937.60	\$	13.38	.253	\$ 55.83	\$ 3.38
PATHOLOGY	9,022	37,896		501,268.31		13.23	.252	55.56	3.33
XO AND OTHERS	128	147		7,669.29		52.17	.001	59.92	.05
@ORGANIZED OUTPATIENT CLINIC	18,935	70,921	\$	3,258,350.31	\$	45.94	.471	\$ 172.08	\$ 21.65
CLINIC	6,909	49,711		943,791.37		18.99	.330	136.60	6.27
SURGICENTER	33	58		6,334.93		109.22	.000	191.97	.04
HEROIN DETOX CLINIC	35	536		6,296.56		11.75	.004	179.90	.04

RURAL HEALTH CLINIC
 #CALIF DEPT OF HEALTH SERV
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12,748 20,616 2,301,927.45
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	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
150,467 ELIGIBLES							
@ALL OTHER PROVIDERS	10,748	904,712	\$ 3,108,806.42	\$ 3.44	6.013	\$ 289.25	\$ 20.66
DURABLE MED. EQUIP.	625	2,882	321,174.41	111.44	.019	513.88	2.13
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	212	377	46,242.62	122.66	.003	218.13	.31
MEDICAL TRANSPORTATION	1,627	28,221	269,071.42	9.53	.188	165.38	1.79
AMBULANCES/AIR TRANS	880	11,048	163,964.47	14.84	.073	186.32	1.09
OTHER TRANS	156	9,663	27,235.57	2.82	.064	174.59	.18
OTHER SERVICES	643	7,510	77,871.38	10.37	.050	121.11	.52
ACUPUNCTURE	240	731	13,093.21	17.91	.005	54.56	.09
ADULT DAY HEALTH CARE CTR	775	9,009	598,674.73	66.45	.060	772.48	3.98
GENETIC DISEASE TESTING	568	576	53,847.00	93.48	.004	94.80	.36
IHMC,MODEL-NF,NF,AIDS,MSSP	1,214	13,151	658,626.87	50.08	.087	542.53	4.38
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,535	4,390	55,141.20	12.56	.029	35.92	.37
PHYSICAL THERAPIST	12	58	1,028.41	17.73	.000	85.70	.01
PORTABLE X-RAY	42	78	1,084.59	13.91	.001	25.82	.01
PROSTHETIST/ORTHOTISTS	207	544	65,916.92	121.17	.004	318.44	.44
PROSTHETICS	181	500	62,841.99	125.68	.003	347.19	.42
ORTHOTICS	27	44	3,074.93	69.88	.000	113.89	.02
PSYCHOLOGIST	53	98	2,529.08	25.81	.001	47.72	.02
SPEECH AND AUDIOLOGY	1,050	4,149	169,616.61	40.88	.028	161.54	1.13
HOSPICE SERVICES	133	3,627	424,069.69	116.92	.024	3188.49	2.82
NONINST BIRTHING CENTERS	1	1	1,007.23	1007.23	.000	1007.23	.01
LOCAL EDUCATION AGENCIES	1,487	23,260	188,412.73	8.10	.155	126.71	1.25
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,078	813,560	239,269.70	.29	5.407	115.14	1.59
@CALIF. CHILDREN SERVICES*	839	10,883	\$ 3,579,863.05	\$ 328.94	.072	\$ 4266.82	\$ 23.79
@XOVER EXCLUDING STATE HOSP**	8,830	108,872	\$ 1,519,650.30	\$ 13.96	.724	\$ 172.10	\$ 10.10

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.